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M. D. PARRISH, M.D.
COLONEL MEDICAL CORPS US ARMY (RET)

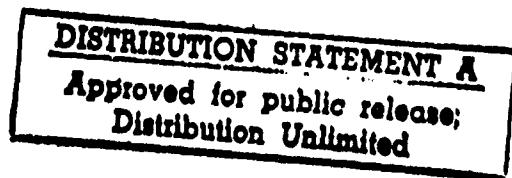
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OFFICE OF THE SURGEON GENERAL
WASHINGTON, D.C. 20310



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COLONEL MEDICAL CORPS US ARMY (RET)

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M.D. Parrish, M.D.: An Appreciation

By

Franklin Del Jones, M.D., FAPA, COL MC

Psychiatry and Neurology Consultant

Office of The Surgeon General of the Army

Pentagon 2D520 DASG-PSC-F

Washington, DC 20310

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Matthew Denwood Parrish was born in Washington DC on 1 April 1918. He received a BA in English at the University of Virginia, Charlottesville, in 1939. During World War II he served 13 months in aerial combat in the Pacific as navigator and two years teaching navigation. After the war he attended medical school at George Washington University, receiving his MD in 1950. He then interned at Letterman Army Medical Center, San Francisco (1950-1951) followed by psychiatric residency at Walter Reed Army Medical Center, Washington, DC (1951-1954). He then successfully served as follows: Psychiatrist, US Army Far East Command (Japan and Korea) - 1954-1956; Chief, Mental Hygiene Consultation Service, Ft Belvoir, VA - 1956-1960; Assistant Chief, Psychiatry and Neurology Consultant to Army Surgeon General - 1960-1962; Chief, Psychiatry Service, US Army Hospital, Frankfurt, Germany - 1962-65; Chief, Psychiatry Department, Walter Reed Army Institute of Research - 1965-1967; Chief Psychiatry and Neurology Consultant to Army Surgeon General, 1968-1971 followed by retirement from the Army. Since 1972 Dr. Parrish has served in various positions in the Illinois Mental Health system and is currently Superintendent, Singer Mental Health Center - 1974-Present.

Those are the bareboned facts about one of US Army psychiatry's most colorful, charismatic and delightful members. Fleshing out this epistolary skeleton would require many volumes and is beyond the scope of this narrative. Instead I hope to give a personal reminiscence of Matt to give a flavor of this mensch.

As is, I think, characteristic, I heard about Matt long before meeting him. While being introduced to concepts of group therapy and management of the psychiatric milieu as a first year psychiatric resident at Walter Reed Army Medical Center (WRAMC) in 1962, I had the good fortune to have a social worker, Curt Knighton, as mentor. Curt described Matt's use of music in group therapy. Guided imagery and similar concepts were at least a decade later in being recognized as a therapeutic use of music, yet, here was Matt pioneering in his understated way.

I continued to hear rumors about this strange man who was always coming up with new ideas or a different perspective on old ideas. Our paths did not cross, however, for Matt was serving in Germany during my residency; then, when he returned to the DC area, I had left for Vietnam by way of a few months in Hawaii. Finally on return from Vietnam and being assigned to The Surgeon General's Office, I became familiar with Matt's involvement with the research ward for treating sociopathic soldiers, a program which I was later to direct.

Matt visited Henderson Hospital, Sutton, England in 1965 and arranged to "live-in" for a week with the antisocial personalities being treated in that therapeutic community initially established by Maxwell Jones. He characterized the experience as "fraught...with adventurous and stressful learning...".

This is Matt's approach to life, in Helen Keller's phrase, "...a great adventure, or nothing". I recall one of Matt's early Army recruiting attempts. He enjoined young psychiatrists to enter the Army in order to go to Vietnam; for,

while, like most rational beings, he views war as a tragedy, it is also the great laboratory of human stress. So persuasive is Matt that a few actually did join.

In the ensuing years I had a number of opportunities to exchange ideas with Matt. While Matt might sometimes engage in apparently outrageous behavior (disrobing in a staid psychiatric meeting comes to mind as an example), his maneuvers were always couched in a way to bring fresh insights to a situation (such as the need to get down to essentials in the example).

Thus over the years Matt became a kind of role model for many of us, an inspiration to look beyond the surface, probe our own as well as our patients' humanity. Publishing some of his ideas, I hope, will allow others to share my appreciation of Matt.

Washington, DC - July 1981

Frank Jones, MD

ABSTRACT

M.D. Parrish, MD: Collected Papers 1970-1980

Franklin D. Jones, MD, COL, MC (Ed)

One of two companion volumes of the works of a career Army psychiatrist, the book contains the observations, interpretations and speculations of a unique perspective on psychiatric practice and modern societies. The three score papers and contents included are as follows:

1. Annotated Bibliography - 24 Jul 1978
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1. The Use of Music in Group Therapy (Tokyo, 1955) Early in the course of group therapy five minutes of recorded music was played. The members revealed their feelings and free associations to the music, thus opening up to each other their emotional potential.
2. Reflections on Group Therapy (Ft. Belvoir) Patients usually enter groups as self-centered individuals and no real group organism is present. As time goes on the group itself develops a relationship with each member including the therapist. In this complex relationship especially useful therapy can proceed.
3. Techniques of Group Therapy for Socially Ambulatory Adult Patients (Ft. Belvoir, 1960) Suggested techniques for obtaining useful group therapeutic interaction--especially for anxious new therapists.
4. The Dying Patient in the Mental Health Service (Ft. Belvoir, 1960) Several months of out-patient experience with a patient who was dying of cancer. Emphasis was on group therapy both in the clinic and in the home. There was some tendency, in effect, for the therapist to die with the patient.
5. Proverbs - Their Use in Individual and Group Evaluation (Ft. Belvoir, 1960) Proverbs (multiple interpretation of the same proverb) are used to evaluate a patient's or a group's creativity and the degree to which a member succumbs to the group's style of thinking.
6. Comments on Man and Technics by Spengler (Walter Reed, 1960) Subordinate to Western Culture as a great organism in itself, are two groups of elitists: warriors and priests. They are usually driven by the love of work by greed or by their own artistic creativity to produce for the sake of production itself. The most talented of these persons knows the least of the happiness and the contentment of the masses. These elitists are being destroyed by (1) the organization of technics in such a way as to control history itself, and (2) the relinquishment of the elite creativity in the name of egalitarianism. A cowardly optimism is replacing the grand tragedy once enacted by the West's dominant minority. Soon the world will no longer belong to Western history.
7. Symposium on Group Psychotherapy, Extract (Walter Reed, 1961) Brief resume of the author's own development as a group therapist. How his personal history itself changes as he moves to a new group or as each group alters. The orientation here, of course, is the treatment of groups not the treatment of individuals in a group setting.
8. Leadership and Psychotherapy - Fred Fiedler's Concepts (Washington D.C. 1961) Fred's research showed two kinds of leaders: (1) those who perform no better in competition than they do in routine work. They put the dignity of individuals ahead of the mission of the group.. (2) The competitive leaders who are unaffected by the anxiety of other people. They are poor therapists for individuals but they are effective leaders of the group mission. This second group of leaders sees its fellows as distinctly different from themselves as individuals.

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9. Disaster: Nova Scotia Coal Mine (Surgeon General's Office 1961) A large group (12 persons) depersonalized their activities--even their leaders--who were all formed from subgroup coalitions. Small groups (six persons) showed leadership by each person individually (democratically). Two types of leaders arose in certain stages of disaster. (1) Escape leaders attacked problems directly without much empathy nor concern for interpersonal issues. (2) Survival leaders were smooth communicators instead of direct actors and were sensitive to moods and needs of others
10. Disaster: Tornado in Worcester (Surgeon General's Office, 1961) The sequences of social and individual behavior in the disaster syndrome. Types of mental breakdown. Cornucopia Theory.
11. Community Psychiatry in Modern Warfare (Chicago, 1961) Sequences of behavior to be anticipated in massive disasters. Preparation for and management of such disasters.
12. Comments on MHCS Work (Surgeon General's Office, 1962) Methods and theory of consultation to social units and leaders. Various useful programs in the mental hygiene service including preventive activities.
13. Concepts Which Facilitate the Teaching and Practice of Community Psychiatry (Surgeon General's Office, 1962) The radical changes in psychiatry itself allow it to be effective as an aid to community mental health instead of to solely individual anxieties.
14. The Service Psychiatrist: Administrator or Physician (Surgeon General's Office, 1962) Management, education and therapy are combined in the military psychiatrist to provide the optimum service.
15. Labor and Psychiatry (Surgeon General's Office, 1962) Notes on Parker's the Casual Laborer. New sorts of education are needed in order to fit labor better into modern society. Great reforms are usually best effected by a small herd.
16. Dear Tom (Frankfurt, am Main, 2163) Retrospect from the year 2163.
17. Consultation Concepts in Military Mental Hygiene (Frankfurt, 1964) An outline of how mental health consultation is done and how it is not done.
18. Sixth International Congress of Psychotherapy (London, 1964) Evaluation of papers presented by mental health professionals of many nations and many opposing points of view--including papers by Tom Main, R. Laing, Jurgen Reusch, Jock Sutherland, J. L. Moreno, Ferdinand Knobloch, Al Stanton, Isabel Menzies, Mertens de Wilmars, Roger Shapiro, Manfred Lindner, Steven Fleck, Maxwell Jones, etc.
19. Some Concepts of Military Psychiatry (Oslo, 1964) Effective principles and attitudes in military psychiatry including psychiatry.
20. Medical Aspects of Leprosy (Frankfurt, 1964) A discussion with Dr. R. G. Cochrane concerning this illuminating disease which is so prevalent

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in the tropics.

21. The Therapeutic Community: A Visit to Henderson Hospital (Sutton, 1965) The violent adventures in a weeks' living-in arrangement at this hospital for sociopaths. This is probably the most effective treatment sociopaths have ever obtained in any hospital.
22. Group Therapy of an Entire Closed Ward (Frankfurt, 1965) All the patients and all the staff met in a single group seven days a week as a part of the therapeutic milieu. The method and the effect of the group are discussed and five short lectures on the matter presented.
23. Marathon Group Literature (Frankfurt, 1965) A short annotated bibliography of rather classical literature pertaining to the underlying theory of longterm group meetings (30 hours or more per session).
24. The Problem of Being From Iowa (Frankfurt, 1965) A case study of consultation to a military unit as a social group rather than as a collection of individuals.
25. The Lone Innovator (Walter Reed, 1966) Extract from a letter from Dr. Tom Main revealing the distortions of thought which occur in innovative groups and in the conservative groups they face.
26. Thoughts on Kerygma and Myth (Silver Spring, 1966) The importance of Myth and history, romance and science, on the development of modern theology. The effect of faith can be just as powerful as the effect of technology.
27. Chaplain's Sensitivity Group (Walter Reed, 1966) Report of the group growth and the symbolic development of a group of military chaplains meeting for 12 sessions. The choiceless role-play by various members.
28. Annotated Bibliography for Community Mental Health Theory (Ft. G. G. Meade, 1966) Influential sociological masterpieces.
29. Teaching Writing (Washington, 1967) How editors and teachers can get writers to write better.
30. A Marathon Group (Oakton, 1967) A skeletonized explication of the various modes of emotional reaction and the various channels of communication which tend to show themselves in sequence during the thirty hours of a Marathon Group. These group tendencies are further elucidated in a later paper, Marathon Group Techniques and Theory.
31. A Year's Adventure at WRAIR - Psychiatry (Walter Reed, 1967) A brief summary of eight fields of psychiatric research in this institution:
(1) A token economy ward for sociopaths revealed disharmony between expressed personal plans and actual behavior; (2) Political science research uncovered the ward's process of establishing an unspoken "constitution"; (3) Sociological study of labeling in small societies on a military post uncovered quite a different sort of peer interplay than what was ever revealed in interview; (4) Traditional objective mental health consult-

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ation sometimes gave way to consultative work which looked to tribal or family acceptances; (5) Percepts with many gutty non-verbal connotations retained association across sensory modalities much better than "quieter" percepts; (6) Correlative meanings of delusional concepts became more pleasant with time; (7) The long duration of certain social and combat stresses in Vietnam gave a different stress response pattern than that usually found in normal work and life; (8) In medical care and education Thai and American professionals developed a usefuliv different relationship than either developed with their own peers.

32. The Mental Health Facility's Morale (Walter Reed, 1967) The convergence of enthusiastic talents shows similar patterns in several different facilities.
33. Education of the Community Mental Health Consultant (Washington, 1967) Practical needs for certain skills in several different societies required polarized type of education.
34. Mental Hygiene Consultation Practice - A Manual (Walter Reed, 1967) Written in outline form like a regulation; this guide shows how service was usually carried out in practice, but not in openly discussed or written rules.
35. Informal Principles Underlying Management of Mental Health Problems (Long Binh, 1967) Similar to the preceeding paper but arranged differently.
36. Kline, Nathan S. (Letter to) Long Binh, 1967. Some inside observations on the structure of civilian psychiatry in Vietnam and the distorted perceptions Americans can get of themselves and of the psychiatric problems in Vietnam.
37. The Use of the Local Community's Own Energy and Intelligence in its Mental Health Programs (Saigon, 1967) The most effective mental health centers seem to be integrated into the local community and managed by community leaders. It is largely the informal support systems which provide the greatest help to patients.
38. Taste, A Necessary Ingredient in the Genesis of Civilization? (Saigon, 1967) The core cities from which civilization spread to other parts of the world where developed in places where the techniques of irrigation were necessary in order to maintain the concentration of population. But in one center, the Yellow Plain of China, irrigation was not required for food itself but only for wet rice. Could the taste for this sort of rice have driven a population toward civilization?
39. The Social Nervous System (Long Binh, 1968) The "electric circuit style of thinking" has relaxed its hold upon the neurologist's imagination and now it is reasonable to conceive of the central nervous system as in large part a system of shifting and shunting humors which extends by both physical and chemical means outside the boundaries of any individual body and knits together a social network.
40. Man-team-environment Systems in Vietnam (Long Binh, 1968) The unfeas-

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ability of considering a person or a military unit as an interchangeable part in the Vietnam theater of operations. More useful operational and training concepts are presented.

41. The Nomad and the Cultivator (Tay Ninh, 1968) This is a notation on "The Frontier in History" by Owen Lattimore. Some of the world's innovations arise at the dialectical interface of the important frontiers of the world such as that between China and Central Asia. Lattimore points out the normal succession of economy types on the Mongolian frontier.
42. The Megahospital During the TET Offensive (Long Binh, 1968) How the U.S. Armed Services utilized every hospital bed in Vietnam and every surgical team as if they were all elements of a single giant hospital at the service of each individual patient.
43. The Coming Unitary Life (Pleiku, 1968) A presentation of the ways in which many persons of Western society have expanded into the "unitary" person which L. L. Whyte described in The Next Development in Man. This contrasts with the dualistic thinking and dualistic personality structures which have characterized Europe for centuries. Sequential necessities for therapy.
44. A Group Psyche Model (Long Binh, 1968) We have traditionally practiced psychiatry as if we believed that desires, moods and creative thinking had its origin in the individual mind which is surrounded by the skin of a unique person. Yet, languages grow and change seemingly quite aside from the desires of any individual. Similarly corporate decisions are made which no one individual really wanted. Plans are made and styles are changed and no one can discover what individuals brought about these changes. An invention or a concept whose time has come will be authored simultaneously by several persons working in isolation from each other. It is uncomfortable to believe that the earth is hurled through space by cosmic forces or that the evolution of our species has proceeded by a lot of chance competitions and symbioses or that we do not as a nation control our own history or that most of our thinking processes proceed outside of our awareness. Until we accept one of these egotoxic principles however, we are blocked from making any giant step in that particular field. Until a body of psychiatrists (or perhaps some completely unrelated profession) develops its own group skill in practicing as if individual thoughts and actions were a part of a group process, we can only continue to polish up the small compassionately beautiful successes we have had in traditional psychiatry.
45. The Changing Field of Army Psychiatry (Denver, 1968) This address to social workers reveals twelve years of progress in military mental health practices. The progress in in-patient practice includes (1) the use of the entire ward milieu as a therapeutic tool, (2) the recognition and employment of patients as inevitable therapeutic influences upon each other, (3) the development of a much more normal duty-like atmosphere on in-patient services even while employing behavior modification techniques, (4) the psychiatric nurse as a promoter of decentralized "family" skills in maintaining mental health, (5) the decentralization and computerization of records and therapeutic methods. Twelve years previously the

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focus of psychiatry was upon individual pathologies treated within a great in-patient service. Now the focus is upon the mental health assets of usefully functioning groups and how these groups can better the functioning of individual members. The professional focus is not upon the great hospital in a centralized position but upon the informed consulting team decentralized into normal duty areas. These consultation teams determine who shall be treated in hospitals, clinics or within their own duty units. When mental health staffs and corrections staffs realized that they were both dealing with human suffering and human deviance, their cooperation closed four of the five army prisons and decreased by more than 50% the persons incarcerated locally. The work of consultation teams in Vietnam has cut the psychiatric casualty rate in this war lower than that of any other war in this century. Side-by-side, with Vietnamese psychiatrists, Americans are learning how a whole society maintains a very low rate of psychiatric casualties even though at the same time it has a "state hospital" system more antiquated than our own.

46. Vietnam as a Surgical Center (Long Binh, 1968) American military surgeons in Vietnam are getting extensive experience with problems almost never seen in the United States. Vietnam employs a new hierarchy of medical communication and transportation. It faces simultaneous surgery of multiple body systems, wounding from extremely high velocity missiles, sudden dumping of mass casualties on surgical teams. The interlocking system of consultation and collaboration is such that Vietnam is sending to the United States the world's best-trained trauma surgeons.
47. Marathon Group Techniques and Theories (San Antonio, 1969) This is an extensive elaboration of the marathon group principles which were partly brought out in A Marathon Group (Oakton, 1967). The illustrated paper contains numerous practical hints and suggestions as well as elucidation of the underlining marathon group theory.
48. How the Community Consultant Deals with the Structure of His Social Systems (Denver, 1969) All symptoms can be treated as communications from one system to another. This paper attempts to define clearly the client systems involved and the types of intervention which may be effective.
49. The Increasing Psychiatric Caseload vs Decreasing Staff (SGO, 1969) Military psychiatry is working more effectively with fewer staff by: (1) better collaboration with other professions and technologies; (2) Management of problems by consultation; (3) engaging family members, neighbors and other patients in the treatment process; (4) the conceptualizing of the problems as systems problems and the developing of increased responsibility within the natural living systems.
50. Army Mental Health Activities in Vietnam (Co-author Edward N. Colbach, Washington, 1970) A history of psychiatry in the Vietnam combat zone from 1965 to 1970.
51. The Military and the Civilian Psychiatrist--U.S. and Swiss (Zurich, 1964) Comparison of the preparedness of Swiss psychiatrists, all of whom are in the military, and U.S. psychiatrists.

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52. Psychiatry in Combat Zones (Washington 1970) History shows that training alone is not enough. A prestigious model is necessary.

53. Characteristics of Preventive Psychiatry Facilities (Washington, 1971) The model of intervention which seeks to remove pathologies within individuals is compared with the model which deals with epidemiology, with roles and styles of behavior within systems of living and production. There are some indications as to which model is more effective in preventive psychiatry.

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54. Occupational Therapy and the Non-human World (with Barbara Bolinger, OTR) (Decatur, 1971) Three aspects of a patient's life and problems are dealt with typically by three medical professions--transactions with people: physicians; personal bodily life: nurses; the non-human world: occupational therapists. These three aspects of life are developed in the growing child, the healing adult, in group life and industrial life. Management and labor unions, hospitals and families, neighborhoods and churches may all collaborate to develop these three worlds for individuals and groups.

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55. Drug Abuse: A General Orientation (Washington, 1971) Some fundamental definitions, drug effects and patterns of drug usage. Different communities benefit optimally by different patterns of management of their drug abuse. A dozen different pattern examples are presented.

56. Ways of Thinking About Your Work With Drug Abuse Problems (Columbia, Md., 1971) An illustrated paper presenting hints and admonitions concerning involvement with the "drug culture".

57. Notes on Death of the Family (Columbia, Md., 1971) Death of the Family was written by David Cooper, a disciple of R. D. Laing. This paper unwinds some of the book's ideas and then spins off further notions and practices useful in this changing institution--The Family.

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58. Mahan, Mackinder, MacArthur, McLuhan: Secrets Behind Modern Wars (Washington, 1971) How each of the wars of the twentieth century have been conducted in accord with currently unspoken principles which were seemingly outside the awareness of national leaders at the time. The growing schism between the human and the mechanical aspects of war. The shift in importance between the military services and arms. How we always prepared to fight the previous war.

59. Post Industrial Consciousness - This is notes and spin-offs from the Greening of America, by Charles Reich. A somewhat optimistic view of the development of the young, new society in USA.

60.1. Neighborhood Cultures to be Considered in Planning Social Services (Washington, 1971) The cultures of country folk, the culture of city people and the consensus of professionals each have vastly different needs in their services. Most individuals however are composed of all three types of culture in different degrees.

60.2. Problems Among Neighborhood Cultures--An Example (Washington, 1971) This paper shows the vicissitudes of very energetic and socially useful black group which effectively controlled drug abuse.

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60.3 Education in a Ghetto Nation. (Washington 1971)

61. The Marathon Group Movement: A Critique (Great Falls, Virginia, 1971) History of how certain effective and useful methods of group treatment had to die, at least temporarily.
62. The Use of Existential Concepts in Group Therapy and Training (Fairfax, 1971) How the fear of the loss of existence (or of great change) prevents effective therapy and how it even prevents the training and development of more effective therapists. How to utilize the helping rather than the hindering aspects of existential thought.
63. A Language Learning Group (Frankfurt, 1963; Chicago, 1972) This is an account of the experience of five Americans during about a year when they learned the German language by means of the techniques of group counseling. They followed the principles laid down by Father Charles Curran but modified these principles somewhat to fit their own situation and they drew conclusions not elsewhere written. They learned the language directly from objects in front of them, activities such as meals, games, and trips and from behaviors of others within the group rather than from any English words. Some of the assumptions they were forced to make about language learning were quite radical and probably were not previously in the literature. This paper was originally written in 1973 but was consulted upon by Father Curran in 1972 when the author participated in the highly developed language learning groups at Loyola University.
64. Advantages of Learning Languages in a Counseling Group (Chicago, 1972) This is a sequel to the paper on the language learning group. It shows how in one hour a student may gain five or six times as much information and skill as he would gain in an hour of ordinary classroom recitation. Properly, therefore, more academic credit should be given. In both of these language papers, the inevitable psychoanalytic transference effects are considered.
65. Let's Tell the Vet What Happened To Him (Dallas, 1972) The majority of the population, that did not go over seas to war in Vietnam, employ several energetic methods to insure that any opinions or techniques the soldiers have developed which are different from those of the stay-at-home population will be completely erased. There is strong expectation that a good percentage of the returning soldiers must break down psychologically because of this "immoral" war. Since very few broke down in combat itself society provides expectation-pressure for them to break down after their return in order to save the society's pre-formed opinion of itself and of southeast Asia. Because of such social needs, new disease may come into existence--such as Neurocirculatory Asthenia. If only the soldiers would behave in a more guilty fashion they could relieve a lot of the anxiety of the civilian population. An extention of this thesis is that since more than one percent of the US population had gone to Vietnam, the rest of the population stood in danger of being converted in their attitudes and mores with regard to the family of nations in which it lived. Those millions of soldiers were even more dangerous to the culture of Vietnam itself--especially north Vietnam--for the soldiers were rapidly allowing south Vietnam to establish a mixed culture of east and west which was resistant to communism. Thus both US and Communist societies would do anything to get the American soldiers out of

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Vietnam and especially to make them look corrupt. The drug abuse problem, however, did not arise in Vietnam. Its main origin was New York city in the 1950's and it spread from there to the rest of the United States and thence, to the soldiers in Vietnam. Hard drugs did not become a problem in Vietnam until after 1969.

- ✓ 66. Uses and Meaning of Personal Individuality (Chicago, 1972) This essay goes back to the philosophical bases of the notion of separate and unique individuality for different persons. There has indeed been very real doubt among good thinkers that the individual as we popularly conceive it does not exist. It is no wonder that many therapeutic enterprises are unsuccessful if we are treating something that does not really exist in the way that we conceive it. Possibly, it will be more effective to treat the social origins of "individuality"--as will be brought out in later papers.
- 67. Neighborhood Network Intervention (Bethesda, 1972) Following the general principles of Dr. Ross Speck, this paper gives a case illustration of how a neighborhood may convene around a problem which exists within an individual or between and some of his friends or relatives. This is an extremely powerful and practical form of intervention. There is, however, almost no way adequately to fund this sort of therapy. Such public mental health services would require coordination between two or three separate sorts of agencies. For instance, an in-patient center might have to cooperate extremely closely with an out-patient center. The result would be that both centers would have to revolutionize a part of their own methods of working. A social worker and a psychiatrist from an out-patient center could help a neighborhood convene around a problem, but the scapegoated indicated patient might be in a hospital. The hospital workers would want to have a lot to say about the patient as an individual and might find it hard to commit themselves to the neighborhood network.
- 68. Historical Individuality Types and Their Relation to Family Network Psychotherapy (Chicago, 1972) This paper attempts to free the therapist's mind from the narrowest stereotype of "unique individuality" by illustrating differences in individualism manifested in the Middle Ages, Renaissance, Victorian times, etc. There are also differences in the type of individual found in corporate and entrepreneurial life as well as between various kinds of neighborhoods such as rural, ghetto, suburban, nomadic, etc. Family network therapy allows for practical intervention with these various types of "individuality".
- ✓ 69. Isomorphies: Physics and Social Psychology (Chicago, 1972) This paper itemizes some analogies of recreational value which exists between the laws of physics and of group psychology, political structures, actions, etc. Thus the temperature in a room and the pressure against the walls varies in accord with the number of people who may be crowded into that room. In addition, the laws of thermodynamics can apply as well as the laws of mass action, ionization, gravity and the laws of nuclear physics. *69A: GLOSS*
- 70. Organizational Consultation Notes (Leicester, 1964; Chicago, 1972) Following principles largely elucidated by Cyril Sofer at the Tavistock Institute, this paper outlines a method of consultation to industry and other organizations in order to effect useful changes. This is mostly a basic traditional and

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conservative model although it is not well understood by a great many "consultants".

71. Types of Group Therapy (Decatur, 1972) This is a short paper on group therapy as opposed to individual therapy in a group. All psychotherapy is assumed to be a group therapy of some sort. Some therapy just happens to concern itself with very small groups such as therapist-patient.
72. A Veteran of Three Wars Looks at Psychiatry in the Military (Chicago) December, 1972. Certain social forces cause us to develop theories and to forget our experiences that seems contrary to those popular theories. The "military psychiatrist" is then compared with the "civilian psychiatrist" and a series of stereotypes for the military psychiatrist is discussed and evaluated.
73. A Psychiatric View of Economics (Chicago, 1972) Activities and goods which effect mood changes are seen as the basis of most modern economics; for example, drugs, food, sex, violence, entertainment, work, religion, new information, etc. The production and management of every one of these mood changes can border upon mental illness. Many of the mood changes are interchangeable with each other, but certain mood changes have vastly different effects within a society than others have.
74. Modern Changes in Concepts of Both Teaching and Counseling (Chicago, 1972) Both the teacher and the therapist or counselor have tended to become "incarnate". The worth of the student, the patient, or the common man has become more realistically level with that of the teacher and therapist. There is a new understanding of group dynamics. Therapy and education are seen as virtually equivalent. Certain informal methods including student-to-student methods have greatly accelerated the pace of learning. In fact, all of the above developments have changed--and in general, have made possible the acceleration of learning.
75. The Place of Family Therapy in General Psychiatry (Chicago, 1972) In the past 100 years, mental health interventions have concerned themselves first with the difficulties of unattached individuals. Then it has considered the problems of individuals as members of a family. Then it has considered the family itself as the organism with the need for therapeutic intervention. Then it has considered the community as that organism needing intervention and at the same time, the organism which can best provide therapeutic intervention. All of these assumptions and modes of intervention have remained viable till today. The effectiveness of the later methods is much greater today than at any other time, but the older methods remain more "popular".
76. Management and Monotheism (Kokomo, 1973) Our tradition of pinning the highest respect, the highest power, and the highest accountability onto one person such as the father, the boss, or God has resulted in an inability to manage collaborative responsibility. It has also made it very difficult for communities to accept responsibility for their own mental health problems.
77. Existentialism - A General Psychiatric View (Chicago, 1973) Existentialism affords a powerful defense against the modern tendency to see the individual as always having been less autonomous than he thought he was--especially in

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the Western world. The development of existentialist thought is traced through the past century or two during which time it has altered itself in accord with the needs and problems of the times. It is now quite influential in psycho-therapeutic interventions.

- 78. Clients and Cabbages (Chicago, 1973) Management sometimes deals with the flow of work and the allocation of resources as if it were dealing with cabbages rather than persons. It is not hard to develop attitudes which will preclude this. A stylish misinterpretation of "management by objective" and a fear of loss of control by decentralization has led management in many cases to get into the cabbage business.
- 79. Resume of General Systems (Rockford, 1973) General systems theory is a sort of algebra which simplifies the planning of therapy, games, politics, production, marketing, etc. Using a basically biological point of view the theory considers all systems as part of some larger system. Within and among systems there are many common patterns and mechanisms such as input, output, feedback, servos, genetic codes, clockwork, matrices. Some social systems eventually become so stabilized that they act as if they believed they would remain the same for ever. Others seem to see themselves as in constant flux. The planner with his algebra steps outside of all these notions and deals with them as he would with mathematical or biological structures.
- ~ 80. The Case of the Rockford Consultants (Decatur, 1973) Frontline workers who helped to develop a "lodge" for rehabilitating mental health clients were brought as consultants to workers in another region of Illinois who had similar responsibility. Symbiosis among peers within a region develops and alters the kind of consultation which can occur from outside. There is an interplay here between objective and subjective attitudes toward the lodges and their missions.
- 81. Seminar: Social and Preventive Psychiatry (Chicago, 1973) This is an outline with special annotations of a course conducted with second year psychiatric residents in the University of Illinois, Medical Center, Chicago. Certain major responses of the residents are presented.
- 82. The Boundaries and Pivots of Individuality (Chicago, 1973) The sense of personal individuality is a balance between (a) self contained within a boundary which separates it from other selves and (b) self separated ultimately from no one, but pivotally centralized as a core of personal meaning more closely identified with some selves than with others. The first type of individuality predominates in Western Europe; the second type in East Asia. These types of thinking have a profound influence upon European as against Asian attitudes toward mathematics, art, science, politics, language and therapy. Therapists cannot clearly understand one point of view about individuality and self without understanding another.
- 83. Harvard Consultation Notes (Cambridge, 1973) These are notes taken in a course on psychiatric consultation taught by Gerald Caplan at Harvard University. The development of support systems is discussed with many case examples of consultation with both individuals and organization. Some of the consultations are international; they use principles of management, education, general systems, theory, and social psychology.

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84. Modern Education: Its Aims and Effects (Chicago, 1973) The actual goals of education, as deriveable from the behavior of education systems, are quite different from the expressed goals and probably come into being outside the awareness of most educationists. The risks involved in modern education are so great that most of us shut our eyes to where it is leading us. The results are probably not bad nor good. They are frightfully different from what we expect.
85. I Worry About Marshall McLuhan (Chicago, 1973) The view points of McLuhan concerning media of communication and their effect upon society and individual thinking are summarized. Extrapolations are made describing the different sorts of creative thinking which occur when the thinker utilizes mostly a visual, or a tactile, or an olfactory world of communication.
86. Family Management Unit (Rockford, 1973) This is a brief summary of the work of a small residential treatment unit for children and adolescents.
87. Long-term Patients: Lodge and Phoenix Program at Singer Regional Center (Rockford, 1973) Chronic patients who have burned out all their local social support and are rejected by all the citizens and will not live alone or perform a normal job are "cohortized" into a group within the center. When this group is somewhat self supporting, it moves out to a "lodge" in the town. A staff member then acts as counselor and business agent helping them get jobs and to manage their earnings. Traditionally trained staff are usually not very effective at this work. Some suggestions for training are given.
88. Notes On My Reading (Chicago, 1973) This is a discussion of the ideas in certain books which seem currently relevant to mental health work in Chicago. The authors discussed are McLuhan, R. G. Collingwood, Hannah Tillich, Michel Foucault, J. K. Galbraith, Ruth Caplan, S. A. Lieberman, et al.
89. History, Drama and Living: Collingwood, Stanislavsky and Moreno (Springfield, 1974) Collingwood tried to understand history in terms of the "inside" of its events--not merely the event itself but the social attitudes that gave meaning to the event and which indeed helped to produce the event. Stanislavsky trained his actors to review in their hearts the entire life of the character they portrayed. Even though the past life was not entirely manifest on the stage, it influenced what occurred on the stage. The actor was trained also to fit his own peculiarities of character into the role. Moreno's staging unfolded the inside feeling and social forces which gave meaning to the pains and conflicts within a family or individual. By staging the "inside" in psychodrama, in history and in life, we change it and change therefore our own behavior and feelings.
90. The Work of a Systems Intervention Team (Champaign, 1974) Case examples show how a symbiotically collaborative team intervenes in coherent, but pathological, social systems to effect permanent changes.
91. APA Convention Notes: Bazelon, Toffler, Bucky Fuller (Detroit, 1974) Judge Bazelon showed the advantages of the adversary system and how some court decisions had been misinterpreted and misapplied so that their effect was negated. (e.g. Durham). Fuller and Toffler present somewhat disconnected

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but useful insights about the future we are heading for.

- 92. Existential Therapy: Notes (Chicago, 1974) This is a short summary of the use of existential concepts in therapy which is particularly useful in the corporate and bureaucratic life of today.
- 93. Social Regression in the Service of Therapy (Rockford, 1974) In medical and surgical problems we often cause the patient to "regress" into bed rest or hospital life in order to help the medical problem. It has been very hard for us to accept the fact that for psychiatric problems such regression has been largely harmful. Grants-in-aid have some regressive effects upon communities but when handled correctly they have the opposite effect and lead the community to take effective responsibility for its own rates of delinquency mental retardation, accidents, etc.
- 94. Modern University Problems (Urbana, 1974) The modern university is forced at once to be elitist and egalitarian. It is forced to respect the student's subculture and to promote its development. At the same time it reacculturates the individual, it may destroy the person he once was. It gives people the power to earn money for themselves in order to maintain the traditional ways of business and society. At the same time, it gives them an academic and persuasive skill which is worth very little money but has power to alter traditional ways and even bring about whole revolutions. The images developed by universities alter the mental health status of the society. Yet, the university itself is in danger of extinction.
- 95. Improving Personal Health by Looking Beyond the Individual (Chicago, 1974) Most of the illness we do not have to suffer today is absent because of changes in social rituals, attitudes and physical surroundings, not because of techniques for treating individuals after they get sick.
- 96. The Politics of Mental Health (Rockford, 1975) The populace often uses political machinations to provide rhetoric, architecture and role-assignments in an attempt to convince itself that it can eliminate its own responsibility for its own mental health problems.
- 97. Milieu and Therapeutic Community: A Message to the Nurses (Rockford, 1975) This is a short review of the history of milieu therapy as it developed at Walter Reed, Fort Logan and other places. It amounts to an adjustment of the climate in which the patients live together. A proper climate with proper techniques employed will provide optimal opportunities for each patient to improve according to his own needs. The therapeutic community, on the other hand, is a social structure in process of constant redefinition and constant managerial pressure from the total group of patients and staff. Treatment is not really provided nor delivered, it is lived through. The history of this type of treatment is traced from Northfield, Henderson and Dingleton in Great Britain to Oak Knoll, Fort Logan and others in the U.S.
- 98. Concepts of Nursing (Rockford, 1976) Nursing is developing into a more self sufficient profession on its own which tries especially to develop self care in patients, families and small communities. Nurses are becoming astute orchestrators of the milieu and facilitators of inter-patient communication and role exchange. Diet and medication for instance are considered only two

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of the influences upon the citizen which are eventually to be handled by the patient in his self-care development.

99. Schizophrenia (Rockford, 1974) This is an outline history of the development of the definition of schizophrenia and the attitudes toward schizophrenia which lead to the current styles of treatment.
100. The Anxiety Styles Which Guide Economic Life (Rockford, 1976) When we are anxious about heaven and hell we spend our money and our energy on churches, crusades, etc. When we are anxious about our identity as individuals we spend our resources on a different array of "solutions". In either case, we are likely to bankrupt ourselves.
101. The Changing Concepts of Self (Rockford, 1976) Whether a person has an individuality distinct from all others, whether he has a constant core of character throughout his life, whether his distinctiveness is determined by others or is inborn, whether there is even such a thing as the self at all, is a matter for current world fashion to decide. A half dozen types of self are described--each of which belong to different periods of history. Illustrations are given from a dozen key critical writings. A therapist or a manager who can free himself from the traditional fixation upon a certain contemporary type of self has the opportunity to develop better education, therapy, administration or child rearing.
102. Nosogenesis: Demons, Microbes, Psyches, Polities (Rockford, 1976) People in the middle ages thought diseases were caused by demons which were supernatural spirits. Later, the demon became a chemical or physical influence. By 1800 it could even be the lack of some influence such as a vitamin. Later, microorganisms were implicated. By 1900 the demons could be simply intrapsychic conflicts. Today each of these demons remain popular in various circumstances. Political forces, however, have become especially powerful causative agents today.
103. Anna and the Ego (Rockford, 1976) A review of Anna Freud's Ego and the Mechanisms of Defense with many illustrative examples.
104. Annotated Bibliography--Psychoanalysis: Ego Psychology (Rockford, 1976) This is a set of commentaries on half a dozen key ego psychologists writing from the 1930s to the 1960s and employing a psychoanalytic viewpoint. (Written for a young physician named Ann).
105. Annotated Bibliography: Community Psychiatry (Rockford, 1977) Twenty-five key papers from the 1950's to the 1970s are briefly evaluated. They include the development of informal support systems and neighborhood therapy, some included evidences back up communication theory and certain anthropological approaches to the problem of modern psychiatry.
106. Alcohol: The Tribal Blood of Modern Business (Rockford, 1977) In spite of our condemnation alcohol has become almost essential to the conduct of modern business.
107. My View of Community Mental Health (Rockford, 1978) This paper reviews the stages and the development of mental health care which lead ultimately to the

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local community's taking useful responsibility for its own problems of non-effectiveness. Also included is the management of patient problems within the local community.

- 108. Support Systems in Special Education (Minneapolis, 1975). The aloof objective professionalism of some teachers is contrasted with the necessary warm subjective professionalism required in special education. Client participation in administering the service also alters the type of professionalism. Special education has certain resources which enable a local school to keep up with and integrate itself with the advancing national service.
- 109. The Ultimate Economic Development:
 - A. The Delusion of Economic Growth
Material growth at 6% over a period of centuries is impossible.
Material enterprises grow only at the expense of others.
 - B. The Real New Wealth
National wealth, once defined as the annual production-consumption turnover, becomes redefined as the total creative communication within a consensus. It is no longer wise on Spaceship Earth for one group to exploit another by a "favorable balance of trade". With collaborative innovation mankind has often escaped the squeeze of entropy but necessarily by bringing about the demise of some institutions and some dear beliefs.'
- 110. The Nature of the New Modern Mind: The Extinction of Causation
Since the 18th Century the more vigorous western philosophers have found untenable the popular notion that one thing causes another by direct one-to-one influence. There is no longer any absolute truth but only degrees of confidence. Cause and effect has become a comfortable metaphor like "sunrise". We know the sun doesn't move but we don't care.
- 111. Expendo Ergo Sum A client exists clearly within a therapeutic relationship to the extent he pays in one way or another. Therapeutic skill for families, neighborhoods or small communities develops erratically because professionals are not paid in the name of such groups. Yet this kind of therapeutic skill is the most needed. Since most professionals avoid experiencing chronic psychiatric hospitalization or even the natural ghetto life, they make little progress in the therapy of the chronic and the poor. This can be remedied.
- 112. Man The Eternal Symbolizer: Notes stimulated by Suzanne Langer's Philosophy in a New Key.
Personal ruminations about the nature of thought and belief as awakened by a great philosopher.
- 113. The Media - Their Effect on War and the Thought Market: Modern reasoning and the development of ideas is accomplished not only by intercommunications among the cells of ones brain but also by intercommunication among TV stations, newspaper publishers, ticker tapes, etc. This set of inter-

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communications produces depressions, wars, musical compositions or religious revivals. Today's media bring such results faster than yesterday's.

114. Combat Psychiatry in Varied Settings

The soldier with normal reaction to battle stress must be protected from diagnosis and from loss of his military unit. The Zone of the Interior stands ready to cripple him with a stereotyping diagnosis and to damage his personal identity by giving him the best of institutional care. The preventive and restorative forces of combat psychiatry can be applied in problems with disaster, terrorism, hostages and prisoners of war.

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DRUG ABUSE - A GENERAL ORIENTATION

By Matthew D. Parrish, M.D.

August 1971

Definitions

1. Drug Abuse: Self administration of any chemical to alter (or maintain) mood or behavior when the chemical is not medically indicated. Such abuse may lead to three types of drug dependency:
2. Psychological Dependency (habituation): The drug is necessary to maintain an adequate feeling of personal well-being.
3. Physical Dependency (formerly called addiction): The drug is necessary to prevent an uncomfortable stereotyped syndrome typical for withdrawal of that particular drug.
4. Social Dependency: The particular drug usage is the style of behavior required to maintain status or to relieve the social pressure on the individual within a particular society. The social component to drug dependency is the most compelling upon the individual, and it is the most difficult to manage. The individual may experience no physical discomforts and no withdrawal symptoms, and, yet, he may feel compelled to use drugs in order to fit the style of behavior in his society. Similarly, according to his particular society, an individual may feel compelled to be interested in football rather than soccer or in boxing rather than bullfighting or to eat potatoes rather than cornbread.
5. Drug Addiction (not much used because its meaning is too uncertain): Compulsive drug abuse because of social, psychological, or physical dependency.

Patterns of Drug Abuse

In one year or decade, one drug or one means of administration of drugs may be popular while in another time period another drug is popular. Thus, marihuana may be substituted for tobacco by some social classes; amphetamines and barbiturates may be substituted for alcohol. At certain time periods, drugs may be rather easily controlled and cause few social problems. At other times the opposite is true. Thus any attempt to control drug abuse must consider the management and influence of styles of behavior rather than the mere management of individual drug abusers one by one.

Drug abuse as a symptom within a particular society is also a communication from one part of society to another. It may be, among other things, a gesture of protest or a cry for help. It may have some good effects as well as bad. Drug abuse, for instance, has in some localities brought the young and old closer together. It has broadened the scope of school activities. It has brought more public attention and money to problems of education and perhaps has subtracted from engineering, defense, and space explorations.

Mere availability of a drug does not necessarily establish it as a popularly used drug. Gasoline and glue solvents were available for many years before they became popular to "sniff". Probably the most widely abused drug among the people of Viet Nam is betel nut, but it has never become stylish for Americans to chew betel nut. Style is more habit producing than pharmacology. Young people can often produce their own drugs (alcohol, marihuana, LSD). They may turn to substitute drugs if the supply of one is cut off.

Patients improve in the contrived environment of a hospital but they revert to drugs when they go back to the streets. Among drug abusers, there is sometimes a hierarchy analogous to the social hierarchy in the affluent suburbs. The user of one kind of drug may have a different social status from the user of another. Among poorer classes where crime is necessary in order to maintain an expensive drug habit, a good shoplifter has a different level of prestige from a good second-story burglar. Good hustlers drive Cadillacs. Men may become outcasts if they do not mainline drugs or practice a criminal specialty.

Many people will ingest tobacco in one manner but not in others (chewing, snuffing, smoking). They may derive a pleasure from the ritual and mechanics of a certain method as well as the social prestige and acceptance that goes with the methods. Some people will derive pleasure from the process of lighting up a cigarette, watching the smoke curl, holding it in a sophisticated fashion, etc. They avoid the social scorn attached to the "dirtiness" of chewing tobacco. Other people enjoy chewing but scorn the "sissyness" as well as the throat irritation of cigarette smoking. Likewise, abusers of other drugs may become so attached to intravenous injections that they may prefer to inject peanut butter or detergent rather than swallow a real drug. Again, the pharmacological action of the drug is not the only reason for its use.

Drug Effects and Usage

Opiates - including all drugs with a morphine-like effect such as opium, heroin, codeine, morphine "demerol", methadon.

- a. Opiates produce a feeling of well-being and a relief from pain and anxiety. Early in their use or later on in high enough dosage, they produce a thrill of inappropriate happiness (euphoria). Unlike the stimulants, the hallucinogens, and alcohol, opiates are not noted for producing psychosis.
- b. Withdrawal Syndrome: Opiates bring the strongest physical dependence. Withdrawal syndrome when full blown includes tears, running nose, vomiting, diarrhea with cramps, gooseflesh, bone and muscle aches, nervous tension, and elevated temperature. Some people have used opiates for years without becoming physically dependent when the administration was irregular and widely spaced in time. Dependency and extreme tolerance can be developed in a few days with regular and frequent high doses. Tolerance means that a very high dose is needed in order to produce the same effect originally produced by low doses. After withdrawal that same high dose may then kill the drug user.

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Withdrawal symptoms are severest and shortest (perhaps two days) with short-acting narcotics (demerol). Symptoms are mildest but prolonged over much more time (perhaps ten days) with long-acting narcotics (methadone).

There is nothing compellingly magic about a withdrawal syndrome. Many therapeutically addicted patients go through the syndrome just as through any other pain and they never return to narcotics. Dependence, however, is particularly fostered by the expectation of doctors, social leaders, and peers that a drug dependent cannot be expected willingly to go through a withdrawal; and paradoxically, that even if he does he will have a physical compulsion to return to drug abuse. Addicted monkeys, who do not develop social dependency, will refuse further drugs after withdrawal.

Narcotic abuse leads to crime more frequently than does the abuse of other drugs because the drug dependents somehow feel that society thinks that it is all right to steal in order to prevent a sickness. They consider the withdrawal syndrome a sickness.

- c. Social and Physical Response to Drug Abuse: To the average person the first injection of a narcotic is uncomfortable producing nausea, dizziness, and a feeling of not being entirely competent as one's true self. The average person who got such a dose for experimental, therapeutic, or other non-social reasons would not want to repeat it. The average drug dependent, however, gets his first dose in an atmosphere of a group which sees drugs as an answer to life's needs. The group may be in rebellion against tradition or may see the drug as part of a great tradition itself just as many other American groups see alcohol or tobacco. The personal tastes of a drug dependent (or almost anyone else) is largely determined by his society, not by any autonomous personal impulse.
- d. Management with methadon: Medical services sometimes substitute a methadon habit for the heroin habit of the drug abuser. Since he gets his methadon essentially free of charge, he can stop spending all his money for heroin. Methadon, being a very long-acting narcotic, can be given orally once a day. If the patient receives about 100 mg. a day, he will usually obtain no effect from any heroin taken that day. Such a high daily dosage of methadon is called a maintenance dose. Some old patients who have been dependent on heroin for years are simply maintained on this high daily dosage of methadon. They probably function with less efficiency than if they were not on drugs, but this is not obvious to the average employer.

If the heroin abuser is kept on 15 to 25 mg. of methadon per day, he will not experience the pain of withdrawal; but he can get a thrill (euphoria) if he takes heroin. Starting with this low dose of methadon patients may be withdrawn by gradually reducing dosage over about a seven-day period. Some services, however, use as much as thirty days to withdraw such a patient.

A high dose of methadon taken intravenously will have an effect similar to intravenous heroin. Heroin, itself, has been used by the medical profession in other countries to withdraw narcotic dependents or to maintain them on their habits under controlled medical conditions.

Stimulants include cocaine, amphetamines, and many other drugs - even caffeine if taken in high doses. Some experts consider the abuse of stimulants much more dangerous than abuse of opiates. The stimulants produce dangerous rise in blood pressure. They may drive the organism to exhaustion. They frequently produce a paranoid psychosis. The pace of thinking and living may be so speeded up that the user thinks many hours have passed when actually only a few minutes may have passed. This has lead to death from too frequent dosages. Tolerance develops so that as much as a hundred times the normal dose may be taken. There is a withdrawal syndrome less marked than in opiates. Society has not fastened upon amphetamine withdrawal as having the magic of opiate withdrawal. There is a tendency, however, to think cocaine withdrawal is more intolerable. Cocaine is a shorter-acting drug and it also produces a spasm of small blood vessels so that sniffing it may perforate the nasal septum. Depressants are often taken together with stimulants in order to decrease the agitated discomfort that may come from stimulants alone.

Depressants - somewhat similar depressant effects are produced by the following substances: barbiturates, alcohol, glue solvent, chloral hydrate, ether, gasoline, etc. Many young groups avoid alcohol because they consider that it belongs to the "establishment". Social usage has usually demanded that alcohol be abused in a comradely social atmosphere. This may partially be due to the oral route of ingestion, reminiscent of our social eating habits. If it is the current style for society to expect aggressive behavior from persons taking the depressants, the aggression will frequently occur (as it will with alcohol). It will probably be explained as a release of inhibitions. In Japan, where an intoxicated person is expected to enjoy himself or to relax, almost no aggression is seen regardless of how intoxicated the drinker becomes.

Hallucinogens - LSD, mescal, peyote (impure mescal) are examples of strong hallucinogens. They are usually taken by mouth. They incapacitate the user for 6 to 24 hours. They bring on surges of distorted visual hallucinations, bizarre fears and joys, and a distorted perception of elapsed time. What seems like 10 minutes may only actually be one minute. The dose of LSD is a few micrograms, but the margin of safety is enormous. Death does occur from suicide. The user may jump through a window to escape a hallucination.

Marihuana or hashish (a concentrated form of marihuana) is a mild hallucinogen. It is almost always smoked. It causes euphoria, an unwarranted feeling of confidence, and a distortion of time perception. The user often feels he is very productive or witty. The effect of a couple of marihuana cigarettes seldom lasts more than one hour. Under present social conditions no hallucinogen causes physical dependency nor any "hang-over" when the drug effect is gone. All of them can occasionally cause a psychosis (usually paranoid) which does endure after all the drug is excreted. A small percentage of marihuana users develop a psychosis which may last a few days. It is always uncertain, of course, whether a particular psychosis was actually precipitated by the drug. There are some users (especially of LSD) who claim they have "flashbacks" - episodes of hallucinations which occur days or months after drug usage ends.....

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The Mental Health Service's Position Among The Community Agencies

Since drug abuse is a communication from the society and involves the total community, the treatment of it also involves all the resources of the community, e.g. police, education, recreation, religion, medicine, industries, etc. If only one or two agencies attempt to manage a community's drug abuse problem without the cooperation of the others, then the management is doomed to failure. Drug abuse like alcoholism is not a medical problem. It is not a police problem. It is a problem of the total community. Religious leaders and policemen can advise medical men about the treatment of drug abuse. Medical men can advise and sweat along with policemen and churchmen as they face problems of drug abuse. If in a certain society it becomes appropriate for a drug abuser to be hospitalized, that does not relieve his family, his work supervisor, or his teacher of responsibility for him as a person - not even temporarily.

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One pattern of drug abuse management may work best for one community. Another pattern for another. One community effectively used an authoritarian approach such as (a) below. It just could not have used total brain power and energy of the community as in (b) below. A year later when various character types and professions became more trusting of each other, mental health consultants helped the community leaders to institute a program like (b). The following examples were sometimes used in combination. A particular community usually ended up tailoring its own program to its own needs.

(a) Impersonal "establishment" programs are wide-spread in most drug-abusing communities. These include movies, posters, pamphlets, and required lectures at school. There is always some "authority" here telling abusers what is good for them. Abusers seldom are allowed to contribute to policy and planning as peers and equals of the community members.

(b) Some other communities called on drug abusers or ex-drug abusers as dignified responsible members to help in planning community changes. The "straight" members of society then risked having to change appropriately their own ideas about what constituted abuse of alcohol, tobacco, tranquilizers, caffeine, and food as well as marihuana or narcotics.

(c) Workers dependent on heroin have been examined at the mental health service and sent back to their homes or work. They were maintained on light duty for about a week while they withdrew from the drug under the observation of a technician who sometimes used mild tranquilizers or sedatives to soften withdrawal symptoms. Frequently, these patients reported to a drug abuse center once a day and the attitudes of these drug dependents were aired on some groups of their own co-workers and neighbors. If these groups accepted the drug abuser as an efficient duty worker while he was not abusing drugs, the patient could usually retain his job. If not he was fired.

(d) At other times the neighborhood school or industry could not tolerate any drug abuser who became known to the public. Many were jailed, and others left the community or went into hiding as soon as possible. The community made strong efforts to have these men handled entirely by the medical profession or the police without ever returning to normal life. There was thus a constant outflow of people from the community. Some of these people were former leaders performing good duty. The society as a whole never understood why there was so many drug abusers. Nor did they understand the message the drug abusers were trying to convey consciously or unconsciously.

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(f) Some communities informally offered immunity from prosecution to all drug dependents not already under investigation who turned themselves in to a community agency for help.

(g) A general theme running through many of the management problems was the attempt to substitute a new social addiction for the old drug addiction. The new addiction amounted to useful work at a dignified profession or honorable duty. Sometimes it was a religious experience. Sometimes it was the opportunity to go over to help curb the opposite pole drug abuse. But in any case there was commitment to a group which had an active mission.

(h) Merely withdrawing the abuser from his drug and sending him back to the same social situation that produced the abuse very seldom effected any permanent change.

(i) While individual or group psychotherapy may in some cases be indicated, just as it is in some non-drug users, most mental health personnel learned the folly of trying to make heroes of themselves by attempts to "cure" drug dependents through counseling or psychotherapy only.

(j) Methadone maintenance programs keep the patient indefinitely on about 100 mg. of methadone per day. These programs are popular with the establishment because they take the patient immediately off of heroin and he need not steal from the establishment any more. But he remains hooked on a narcotic. It appears that only a very small percentage of drug dependents really need to be kept on methadone indefinitely. Many black communities dislike methadone maintenance because they believe that it keeps black people from being ambitious and aggressive.

(k) Some communities make radical changes in living conditions and in the management of drug abuse, but they do it in a piecemeal fashion. They change a few schools or churches, or medical services at a time in order to get a feedback from citizens, children, and staff and to make easy adjustments in general policy.

(l) Most progress was made when communities made accurate measurements and descriptions of their management and its results. This data was often useful to other communities. Before carrying out such measurements, the communities usually requested expert help from nationally known agencies or professions.

(m) Any punishment for selling or using drugs was made proportional to the actual damage that such drugs were causing in the community. Thus the punishment for heroin traffic was higher than that for marihuana traffic.

(n) Some communities sent representatives from all their important agencies, including families, to special workshops or schools. On their return they held seminars or dialogues with other members of the community. Every member of the community came to feel somewhat knowledgeable and responsible concerning drug abuse. The program managers made it easy for such members to work against drug abuse.

Dec 1971
by Matthew D. Larnach

WAYS OF THINKING ABOUT YOUR WORK WITH DRUG ABUSE PROBLEMS

This paper is addressed to professionals in the field of human relations such as social workers and psychiatrists. It is also addressed to those non-traditional professionals whose emphasis is upon experience, sensitivity, intelligence, and the ability to work smoothly in an organizational structure.

Experience has shown us that it is foolish to think of drug abuse as an isolated phenomenon which can be cured by looking only at the problems of drug abuse itself and ignoring modern difficulties as educational problems, the emotional strain between the young and old, between men and women, between the elite suburbs and the ghettoed middle city, and between races. As you work with drug abuse, you will discover how drug abuse fits in appropriately to the whole system of modern and future living. Drug abuse itself may be a passing fad, but it will leave an even worse fad in its place if the total social problems are not dealt with as we deal with drug abuse. We cannot cure an ulcer on the foot if we think of it only by itself and not as a symptom of the entire body's internal problems of arteriosclerosis or diabetes. We must at the same time consider it an effect of the external factors of ill fitting shoes or dirty socks. A single narrow point of view would prevent effective treatment.

POINTS OF VIEW FOR DRUG ABUSE

1. Individual: Drug abuse can be seen from the point of view of the pharmacology of the drug's reaction upon the individual. When different individuals in different places develop different reactions to the same drug, or when different drugs give the same general satisfaction, this is explained by calling it "individual differences". One man is assumed to have a different anatomical set-up from another man. The craving, the thrills, the withdrawal pains are believed to be due only to the chemical effects of the drug. The individual point of view explains nearly all behavior. (Figure 1)

2. Social: Drug abuse can be seen from the point of view of changing social styles. People who complain today that they can't stand the new style in shoes or in music will show us tomorrow how proud they are of their personal taste as they wear the new style of shoes or pick out a new rock record. In the far east, many men smoke opium and quit for a week or two at a time without having any withdrawal symptoms. Surgical patients who get hooked on narcotics, and are withdrawn by the doctors, do not later return to the drug. But ex-addicts who return to the street without a commitment to stylish work or to the mission of helping others get rid of drug habits will very often return to their own drug habit. The intensity of a drug abuse problem then can be judged on a mass social basis as one can judge an epidemic or judge life insurance statistics. Drug abuse may be changed by mass advertising and educational methods and by the rise of new public heroes who are into things more interesting than drugs. The source of drugs may be shut down. Another style of behavior may be substituted for drug behavior - a style such as free communal sex or intense religious devotion or gang activities which do not involve drugs. The social point of view explains nearly all drug behavior. (See Figure 2)

3. Individual Is Social: But close commitment to either of the above points of view limits your perception of the total drug problem. As a clinical worker, you may try to cure each individual by medical and psychiatric efforts directed at that individual alone. But the prevailing style of drug abuse will bring in new classes of patients, and when the style fades there will be no more of the old patients anyway. So now, how much do you really accomplish? As a social psychologist, on the other hand, you may try to cure the social problems by delivering better pay-offs for activities not possible while taking drugs. By advertising methods you may change the desires of age groups, of races, of nationalities, of religions. You may change whole styles of behavior but the personal needs of each unique individual will not be dealt with. Unless you have intimate personal understanding of at least a few drug dependents, you will even be blind to some of the mechanisms by which social styles become imprinted into the individual.

When you adopt points of view, they keep you aloof from the problem. You yourself don't change. You learn new things but you can maintain the image of one who knew those things all the time. . . . You can remain always intellectual, objective, and cool in your dealings - energetic but not enmeshed in the drug life. Points of view are especially comfortable for people who feel some loss of their own identity or their own selfness.

If your own psychology requires you to maintain a point of view - that is, to maintain an aloof objective and manipulative control of the drug abuse group without letting yourself change - then please adopt both of the above points of view. Deal with individuals and styles. Let one point of view develop your skill with the other point of view. From intimate concern with the individual, you can find how pay-offs can be altered so that a life without drugs is rewarded better. From examining the flow of social styles you can get ability to predict where individuals will go in their behavior.

INVOLVEMENT - AVOIDING AN ALOOF POINT OF VIEW

After you become confident about yourself you may find it appropriate to adopt a quite different attitude from any of the above. You can involve yourself in the drug society and get to know the feelings of the individual drug dependent. You can get to know the feelings of the style and the thoughts in the air - the social gratification, the new "heightened" ways of living and sensing. When you get close enough to the society to understand the drug dependent, whom he opposes and who opposes him, you yourself will change somewhat. You can no longer disdain the drug dependent or his society. He seems truly to be your own brother or child, a part of yourself. You may never use drugs yourself but you will become as much a part of the drug culture as all the drug dependents and the ex-dependents who work alongside them. It is impossible, in any case, to understand in detail a person or a style without yourself becoming somewhat altered.

Parents who have drug dependent children often profit by this more involved attitude. These parents change. They become more understanding of modern trends, more close to the child, they become able to move still further into styles beyond present drug abuse furor.

You may need to bring parents and children together. You can do it coolly, objectively, by manipulating them into individual treatment or in group education. On the other hand, you can do it also by involving yourself in the interface between parent and child - accepting into your own heart the emotions in that "no man's land" between the young and old. You will suffer, but it will be an active suffering that accomplishes changes in other individuals and in styles - but you yourself will also change and will never be the same again.

Everyday ask yourself: "Am I concentrating on the individual in exclusion of the society or of group pressures and styles?" (b) "Am I remaining objectively aloof from the drug culture and not letting myself change in attitude or feelings - but only in knowledge?"

Drug usage and withdrawal will appear to have one set of effects and symptoms to the aloof point of view of the individualistic clinical worker. They will appear in another way to the aloof point of view of the community organizer or the social group worker. They will appear yet another way to any of these same workers where they are ready to make personal changes as they involve themselves in either individual or social approaches.

Drug effects will also vary from nation to nation, from neighborhood to neighborhood, and from social class to social class. Consequently, the things we write about the pharmacology of drugs or the symptoms of withdrawal are only approximate and they will vary with the observer and with the individual and with the group he is a member of.

FIGURE 1

Psychological Determinants of Behavior:

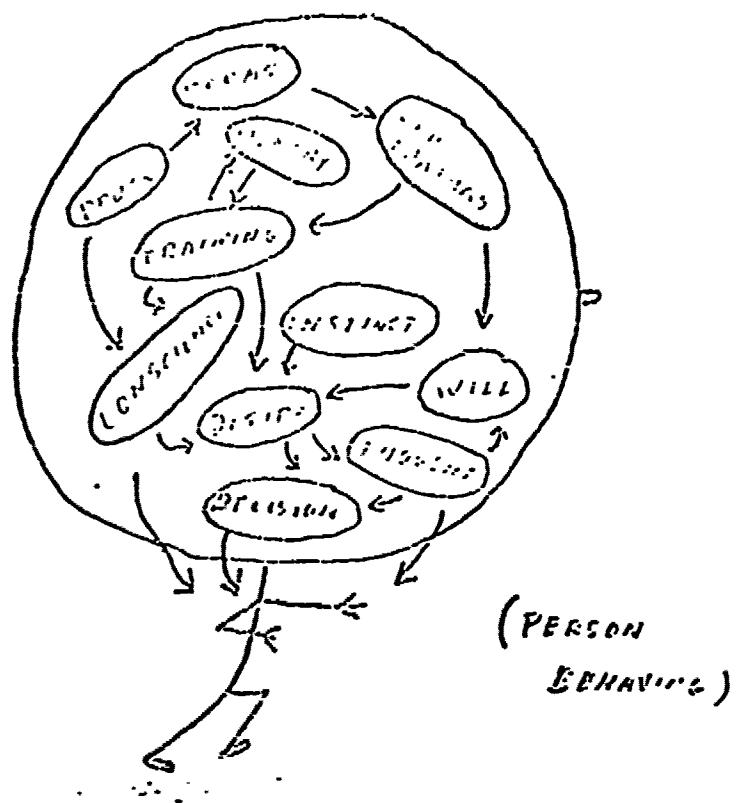
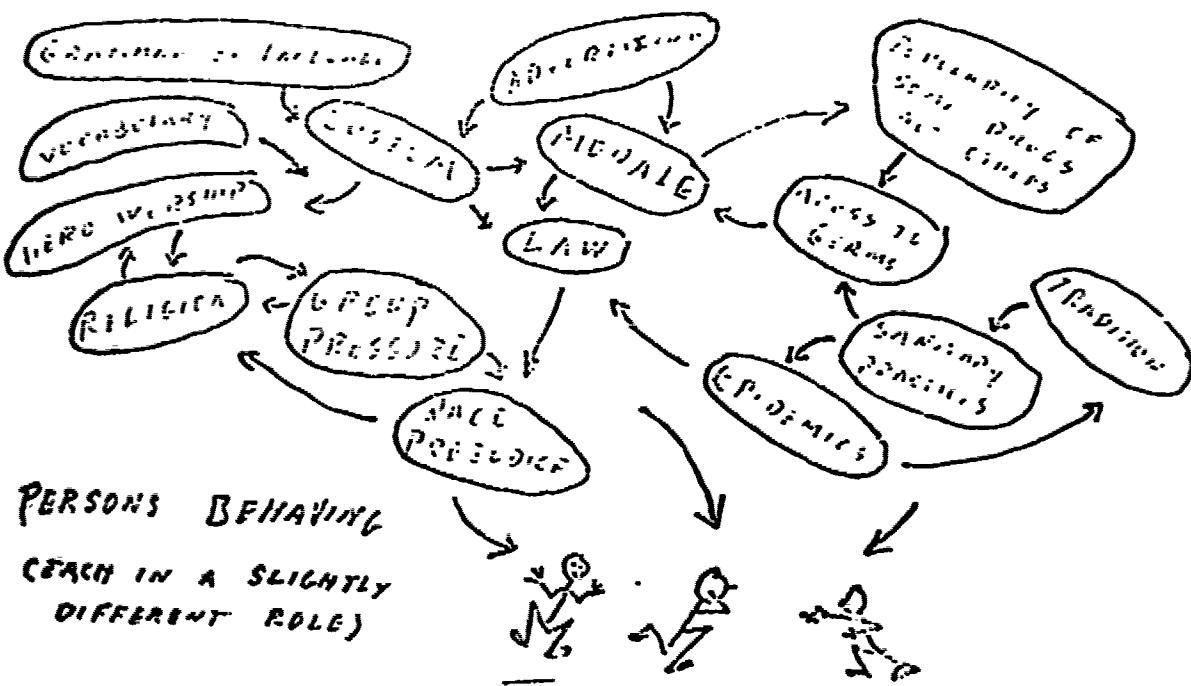


FIGURE 2

Social Determinants of Behavior:



DRUG ABUSE - A GENERAL ORGANIZATION

By Matthew D. Parrish, M.D.

August 1971

Definitions

1. Drug Abuse: Self administration of any chemical to alter (or maintain) mood or behavior when the chemical is not medically indicated. Such abuse may lead to three types of drug dependency:
2. Psychological Dependency (habituation): The drug is necessary to maintain an adequate feeling of personal well-being.
3. Physical Dependency (formerly called addiction): The drug is necessary to prevent an uncomfortable stereotyped syndrome typical for withdrawal of that particular drug.
4. Social Dependency: The particular drug usage is the style of behavior required to maintain status or to relieve the social pressure on the individual within a particular society. The social component to drug dependency is the most compelling upon the individual, and it is the most difficult to manage. The individual may experience no physical discomforts and no withdrawal symptoms, and, yet, he may feel compelled to use drugs in order to fit the style of behavior in his society. Similarly, according to his particular society, an individual may feel compelled to be interested in football rather than soccer or in boxing rather than bullfighting or to eat potatoes rather than cornbread.
5. Drug Addiction (not much used because its meaning is too uncertain): Compulsive drug abuse because of social, psychological, or physical dependency.

Patterns of Drug Abuse

In one year or decade, one drug or one means of administration of drugs may be popular while in another time period another drug is popular. Thus, marihuana may be substituted for tobacco by some social classes; amphetamines and barbiturates may be substituted for alcohol. At certain time periods, drugs may be rather easily controlled and cause few social problems. At other times the opposite is true. Thus any attempt to control drug abuse must consider the management and influence of styles of behavior rather than the mere management of individual drug abusers one by one.

Drug abuse as a symptom within a particular society is also a communication from one part of society to another. It may be, among other things, a gesture of protest or a cry for help. It may have some good effects as well as bad. Drug abuse, for instance, has in some localities brought the young and old closer together. It has broadened the scope of school activities. It has brought more public attention and money to problems of education and perhaps has subtracted from engineering, defense, and space explorations.

Mere availability of a drug does not necessarily establish it as a popularly used drug. Gasoline and glue solvents were available for many years before they became popular to "sniff". Probably the most widely abused drug among the people of Viet Nam is betel nut, but it has never become stylish for Americans to chew betel nut. Style is more habit producing than pharmacology. Young people can often produce their own drugs (alcohol, marihuana, LSD). They may turn to substitute drugs if the supply of one is cut off.

Patients improve in the contrived environment of a hospital but they revert to drugs when they go back to the streets. Among drug abusers, there is sometimes a hierarchy analogous to the social hierarchy in the affluent suburbs. The user of one kind of drug may have a different social status from the user of another. Among poorer classes where crime is necessary in order to maintain an expensive drug habit, a good shoplifter has a different level of prestige from a good second-story burglar. Good hustlers drive Cadillacs. Men may become outcasts if they do not mainline drugs or practice a criminal specialty.

Many people will ingest tobacco in one manner but not in others (chewing, snuffing, smoking). They may derive a pleasure from the ritual and mechanics of a certain method as well as the social prestige and acceptance that goes with the methods. Some people will derive pleasure from the process of lighting up a cigarette, watching the smoke curl, holding it in a sophisticated fashion, etc. They avoid the social scorn attached to the "dirtiness" of chewing tobacco. Other people enjoy chewing but scorn the "sissyness" as well as the throat irritation of cigarette smoking. Likewise, abusers of other drugs may become so attached to intravenous injections that they may prefer to inject peanut butter or detergent rather than swallow a real drug. Again, the pharmacological action of the drug is not the only reason for its use.

Drug Effects and Usage

Opiates - including all drugs with a morphine-like effect such as opium, heroin, codeine, morphine "demerol", methadon.

- a. Opiates produce a feeling of well-being and a relief from pain and anxiety. Early in their use or later on in high enough dosage, they produce a thrill of inappropriate happiness (euphoria). Unlike the stimulants, the hallucinogens, and alcohol, opiates are not noted for producing psychosis.
- b. Withdrawal Syndrome: Opiates bring the strongest physical dependence. Withdrawal syndrome when full blown includes tears, running nose, vomiting, diarrhea with cramps, gooseflesh, bone and muscle aches, nervous tension, and elevated temperature. Some people have used opiates for years without becoming physically dependent when the administration was irregular and widely spaced in time. Dependency and extreme tolerance can be developed in a few days with regular and frequent high doses. Tolerance means that a very high dose is needed in order to produce the same effect originally produced by low doses. After withdrawal that same high dose may then kill the drug user.

actions	make you feel
addictive	feel worn
prop	feel cheery
tonic	feel good
stomach	feel good

Withdrawal symptoms are severest and shortest (perhaps two days) with short-acting narcotics (demerol). Symptoms are mildest but prolonged over much more time (perhaps ten days) with long-acting narcotics (methadone).

There is nothing compellingly magic about a withdrawal syndrome. Many therapeutically addicted patients go through the syndrome just as through any other pain and they never return to narcotics. Dependence, however, is particularly fostered by the expectation of doctors, social leaders, and peers that a drug dependent cannot be expected willingly to go through a withdrawal; and paradoxically, that even if he does he will have a physical compulsion to return to drug abuse. Addicted monkeys, who do not develop social dependency, will refuse further drugs after withdrawal.

Narcotic abuse leads to crime more frequently than does the abuse of other drugs because the drug dependents somehow feel that society thinks that it is all right to steal in order to prevent a sickness. They consider the withdrawal syndrome a sickness.

- c. Social and Physical Response to Drug Abuse: To the average person the first injection of a narcotic is uncomfortable producing nausea, dizziness, and a feeling of not being entirely competent as one's true self. The average person who got such a dose for experimental, therapeutic, or other non-social reasons would not want to repeat it. The average drug dependent, however, gets his first dose in an atmosphere of a group which sees drugs as an answer to life's needs. The group may be in rebellion against tradition or may see the drug as part of a great tradition itself just as many other American groups see alcohol or tobacco. The personal tastes of a drug dependent (or almost anyone else) is largely determined by his society, not by any autonomous personal impulse.
- d. Management with methadon: Medical services sometimes substitute a methadon habit for the heroin habit of the drug abuser. Since he gets his methadon essentially free of charge, he can stop spending all his money for heroin. Methadon, being a very long-acting narcotic, can be given orally once a day. If the patient receives about 100 mg. a day, he will usually obtain no effect from any heroin taken that day. Such a high daily dosage of methadon is called a maintenance dose. Some old patients who have been dependent on heroin for years are simply maintained on this high daily dosage of methadon. They probably function with less efficiency than if they were not on drugs, but this is not obvious to the average employer.

If the heroin abuser is kept on 15 to 25 mg. of methadon per day, he will not experience the pain of withdrawal; but he can get a thrill (euphoria) if he takes heroin. Starting with this low dose of methadon patients may be withdrawn by gradually reducing dosage over about a seven-day period. Some services, however, use as much as thirty days to withdraw such a patient.

A high dose of methadon taken intravenously will have an effect similar to intravenous heroin. Heroin, itself, has been used by the medical profession in other countries to withdraw narcotic dependents or to maintain them on their habits under controlled medical conditions.

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(e) Coffee houses or rap houses were set up in the community where people with drug problems or needing drug information could come and talk with former drug dependents and people their own age in an atmosphere which fit the feelings of their own class. Most of the community agencies were committed to furnishing the man-power and ideas for these houses. Often the community maintained telephone "hot-line" service for drug abuser, run-aways, and other problems mostly of young people. A person who wanted help would call the well-advertised number and receive counselling from a trained teen-ager or other volunteer.

(f) Some communities informally offered immunity from prosecution to all drug dependents not already under investigation who turned themselves in to a community agency for help.

(g) A general theme running through many of the management problems was the attempt to substitute a new social addiction for the old drug addiction. The new addiction amounted to useful work at a dignified profession or honorable duty. Sometimes it was a religious experience. Sometimes it was the opportunity to go over to help curb the opposite pole drug abuse. But in any case there was commitment to a group which had an active mission.

(h) Merely withdrawing the abuser from his drug and sending him back to the same social situation that produced the abuse very seldom effected any permanent change.

(i) While individual or group psychotherapy may in some cases be indicated, just as it is in some non-drug users, most mental health persons have learned the folly of trying to make heroes of themselves by attempts to "cure" drug dependents through counseling or psychotherapy only.

(j) Methadone maintenance programs keep the patient indefinitely on about 100 mg. of methadone per day. These programs are popular with the establishment because they take the patient immediately off of heroin and he need not steal from the establishment any more. But he remains hooked on a narcotic. It appears that only a very small percentage of drug dependents really need to be kept on methadone indefinitely. Many black communities dislike methadone maintenance because they believe that it keeps black people from being ambitious and aggressive.

(k) Some communities make radical changes in living conditions and in the management of drug abuse, but they do it in a piecemeal fashion. They change a few schools or churches, or medical services at a time in order to get a feedback from citizens, children, and staff and to make easy adjustments in general policy.

(l) Most progress was made when communities made accurate measurements and descriptions of their management and its results. This data was often useful to other communities. Before carrying out such measurements, the communities usually requested expert help from nationally known agencies or professions.

(m) Any punishment for selling or using drugs was made proportional to the actual damage that such drugs were causing in the community. Thus the punishment for heroin traffic was higher than that for marijuanna traffic.

(n) Some communities sent representatives from all their important agencies, including families, to special workshops or schools. On their return they held seminars or dialogues with other members of the community. Every member of the community came to feel somewhat knowledgeable and responsible concerning drug abuse. The program managers made it easy for such members to work against drug abuse.

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On

David Cooper: THE DEATH OF THE FAMILY, New York, 1970,
Vintage/V-233, \$1.65.

David Cooper is a British psychiatrist who worked for some years with R. D. Laing in his untraditional therapeutic community for schizoid and other emotionally disturbed people in London. The book is a bit Marxist and sometimes it breaks into a kind of schizophrenese like Finnigan's Wake, Marshall McLuhan's writings, or perhaps some of Ezra Pound or e.e. cummings. Nevertheless, the book has some stimulating ideas.

From reading the book I perceived the following positions. They are not necessarily just what Cooper would say but they are what I derived from him and some of it is perhaps my own extension of his thoughts:

1. The family is an ideological conditioning device.
2. Its form and its methods are repeated in schools, gangs, businesses, churches, hospitals, government agencies, and I suppose in Communist cells and Boy Scout troops.
3. The family implants in its member a set of idealized family figments (pieces of other family members) which exclude the real person of the member himself. Thus, a girl instead of getting to be Mary comes to see herself as a mother-type. Other people come to see her that way, too. In addition, she is a grouchy type like Grandmother and has some of Grandfather's temper. Some people see such family traits as discrete bundles like genes or light quanta which are transmitted digitally. Some see such traits as decantable fluid like blood. "She has a certain 1/4 of Grandpa's blood in her. She got about 9/10 of his temper."
4. The family first impresses Mary with whose she is, not who she is. It's not that an infant is, rather he belongs - mostly to mother at first. Belonging then is a kind of existence. Children at age eight often wonder if they perhaps are not the unknown children of kings rather than of the people they live with. At age thirty they wonder whether they belong to the company they work for or to their family, church, or nation. In any case, they feel possessed by something and consequently they possess something. I speak of my dog and he speaks of his master. So we possess traits, a society, a nation, and bits of knowledge. These things in turn possess us. These things as a cluster are us. So existence is a kind of possessing and being possessed. "I am my traits."
5. Good therapy or education consists of depopulating the room of all the ingested parts of non-present people, all the

figments of family traits, which prevent the actual me and you and others in this room from meeting each other, and creating ourselves in the encounter.

6. The collection of traits that possess me (and I, them) are ideas fixed in a state of being. They typify me as an individual, they categorize me. But my acts as I inter-act with you are me. They are in a state of becoming, of continual change, of Heraclitean flux. I don't act alone, however. I act in a world of things and people and they act back at me. So when you and I face each other, there is an encounter, an inter-action. Part of that inter-active behavior can be seen as my acts, as my aspect of the encounter. For the duration of our encounter, that part is my existence. That is the existentialist me. The set of traits is the essentialist view of me.

7. The family prevents development of autonomy (an unpossessed existence) in its members by:

a. Nurture. This is a symbiotic merging of feelings between mother and infant - an inter-play between dependency and resentment in both bodies, a sharing of feelings so that mother talks baby talk for the baby to visitors or she hurts and suffers for the baby and the baby for her. For instance, if Father is angry at Mother, the baby cries and won't eat. Of course, nurture extends later to the whole family and its intensity is never quite what it was when the symbiosis included only mother and baby.

b. Schools. They program behavior and thought in students the way students are supposed to feel - the way parents and the grandparents of the nation traditionally expect students to behave.

c. Prisons, hospitals, special schools, psychiatrists. These provide mechanisms for the family's rejection of a member. The prison, etc. will take care of him and fix him up or make a failure out of him. Prisons, etc. themselves never fail.

Within a, b, or c when a member tries to say or do something genuinely his own, the "family" or school contorts it into a well-known act by "our boy". The family gives that act an old family meaning so that it can satisfy the needs of all the members who do go along with the family image - including the needs of those figments of family which are ingrained into the members. Families then, are usually composed of essentialists who interpose filters of prejudice (categorizations, conceptual frameworks) between ones senses and the living person which these senses are trying to perceive. Somewhere outside of families I suppose there are phenomenologists (existentialists) who seek a direct perception (and experience) of the other person without any filters of pre-conception (prejudices, categories). Well, I don't think we can be either pure phenomologists or pure

essentialists; but neither should we drive right down the middle. Rather we should keep both views in mind; we should slalom along between essence and phenomenon - touching against first one then the other.

8. The individual attempts in stages to differentiate himself out of the family's collective soul. At each stage the child briefly gets ahead of the adult's attempts to contain him in the collective. Later the adult catches up and makes the child conform further to the family.

Age 2: Negativism. Child fends off parents; says "No!" to everything.

Age 4: Lying to mother. Child learns mother does not know everything he thinks or does. "I can have a private life of my own..."

Age 10 to 12: Comradeship. Clubbiness, close buddies away from the family.

Age 13 to 20: Boy-girl intimacy with responsibility toward each other. The member projects his image of mother, father and other family members onto persons outside the family. With these persons he acts out things which are taboo in the family - tenderness, love, exploration of each other...

Age 20+: Work and marriage. The old family situations are replicated (at least temporarily) at work and in a new family.

9. Cooper considers that love is subversive to the family. Dependency and need are the pillars of the family. A security-seeking person wants someone to need him and thus to settle down with him in an unchanging relationship - a relationship which is a fixed idea, not an acting onward in the flux of each person's being himself in the ever-changing present. Love, however, is an active experience - a becoming - though it can be thought about as a state of being: a fixed status, and therefore a measurable commodity with a certain value. But this quantifiable stuff is not the act of love. It is only the idea of love. People usually assume that if you give 99% of your love to one person, only 1% will be left for anyone else. Such people don't live in the present, but rather they are suspended in the timeless realm of thought. For Cooper the act of loving is what it is only at the moment of living it. At another time an "equal" love may be felt for another person - if indeed the active love is quantifiable at all. For another encounter is another sort of act. Love individuates people. It is I guess, more matter than form, more being than essence. Need, however, collectivizes people, merges their egos with others. Need here belongs with security/anxiety and dependency/resentment. Families set up taboos against individualistic love. "Don't touch your 13 year old daughter; you might stimulate her... Don't touch members of your family. Just look and listen in perceptual cliches and stereotypes. Don't explore the newness in each other. Only hope that everybody is remaining the same - and thus dependable, secure."

Marriage between Joe and Jane is really a weaving together of all the figments of old family relations which Joe and Jane have imputed to each other. Jane's old family which lives within her ties on to a mirror image in Joe. It reaffirms its need for itself. If Jane sees Joe as purely himself and loves that self with her own individuality, then she breaks up the ties of the need-security-dependency and she ends the perpetuation of the old family.

10. The family is obsolete today. The attempts at becoming genuine persons over the past century have become so intense and the technological changes in a nomadic population so rapid that the "family" methods of human development are no longer possible - even if proper.

a. The extended family of cousins, uncles, etc., provided a diffusion of love, anger, and other emotional attachments, so that a member didn't have to get locked into the conflicting family figments within only one or two people. But on the other hand, the extended family knew all there was to know about him. The extended family spread that knowledge by a sort of secret rumor - not openly expressed and often therefore more influential, more coercive upon the member's personality. All thought had to be headed by the patriarchs.

b. The nuclear family of father, mother, and two or three children allowed an escape from this pervasive influence. But it locked members in so tight in their feelings with so few others that they had to rely on peers and gangs outside the family in order to escape the tight programming that inevitably occurred. They could of course effect a transient solution by fleeing into marriage and starting a nuclear family of their own.

c. Cooper's idea of a replacement for "family" is a form of commune where:

i. There is an inter-play of solitude and togetherness which is comfortable for each member.

ii. There is a common experience area - work place or sleeping and playing place.

iii. There is a diffusion of love relations among more members than in the family system.

iv. There is a totally free access of children to all adults. Parents aren't necessarily the ones who spend the most time or emotion with their children.

11. Cooper sees schools, governments, and other institutions following the pattern of the obsolete family. His new commune structure for human nurturing seems to impress its pattern also on therapy and education as well as on structures of government and commerce. Thus his nurturing commune is a replacement for the old family. His therapeutic community (which actually merges into the outside community) is a replacement for hospital

or clinic. His "free school" (which also merges into the outside community and considers work a part of education) is a replacement for the hierarchical school with walls. I will list here the common qualities which Cooper considers proper for nurturing, therapy, education, and probably industry.

a. Parents and therapists or teachers are people who understand the figments of family and the items of culture and ~~20%~~ habit which they have internalized. They realize that these figments may be temporarily useful but not eternally true. As people who know the craziness of all the members, these "leaders" provide a pivot which allows others to turn back to their own present needs and eventually to take the load off the leader of being the only one knowing and understanding. Any member can act in the role of parent, teacher, therapist, or supervisor.

b. Members are "selected" with a wide range of age, skill, and disposition. There is a good mix so that all can nurture, treat, and educate each other as individuals, and/or as groups.

c. No hierarchy is imposed. There is no staff versus member role split. There are no fixed father-son, doctor-patient, or teacher-student relations.

d. There is an easy rhythm between solitude and togetherness which depends on the individuals needs. The group always respects the individual's right so say "no".

e. No diagnosis is given and no official failures are determined. These labels only categorize people as if the people had only a few attributes in the realm of idea and no existence as persons "like me". There are no clear written question and answer exams - only evaluation of group work and self expression.

f. The home, school, or therapeutic community is a place to develop and create yourself actively, not a place to be trained, taught, or treated.

g. Architecture consists of single cells with self-sufficient cooking and living facilities which two or three people can share if they wish. There is also a group living and learning area.

h. There is frequent invitation of outside people to come in and share their work experience and thought with the group by presentation, demonstration, and site visits.

Cooper presents some differences between various kinds of schools, communes, and treatment facilities, but in general the above pattern is followed.

12. Toward the end of his book he seems to get pretty wrapped up in trying to force in a hurry the changes which seem to be coming about in society anyway. Nevertheless, I think this book is stimulating to ones of personal thoughts as are the other books which seek root changes in our ways of nurturing, treating, educating, and doing business. Such books are Postman and Weingardner: Teaching as a Subservive Activity, Toffler, Future Shock, Reich, The Greening of America, Watts: Psychotherapy East and West, Slyter; Loss of the Self in Modern Literature and Art.

POST INDUSTRIAL CONSCIOUSNESS
 (Resume and Comments on The Greening of America,
 by Charles A. Reich, Random House, 1970)

Industrial Man, who lived in the European world between about 1750 and 1950, was a machine and seemed to be the servant of some elite men. But even those elite men had to regulate their lives around machines and industry. Industrial Man was Machine's servant. The post-industrial machine is man's servant.

The post-industrial younger generation of the 1950's, 60's, and 70's hates the following items and wants to change away from them:

1. The abundance of luxury and military goods while little subsistence and medical service is left over for the lower class man.
2. Evasion of unpleasant facts and evasion of the illogical structure of government, family, and business.
3. Advance of technology uncontrolled by worldwide human interest--resulting in pollution, destruction of land and natural resources.
4. Deterioration of democracy. Government agencies control the country--not Congress. Bureaucratic discretion takes the place of law, invoking law where it wishes to. Due process is too slow.
5. Artificiality of life. People endure work in order to play. Even play becomes a series of stylish things to do. Skiing becomes the rage for a while. Tennis becomes the rage for a while. Even young people relate to each other with such non-specific expletives as "Swell...Far out!...Beautiful, Beautiful!" but they talk past each other and are interested only in superficial, popular thought of their own social class.
6. There is no community feeling among neighbors and families. The family itself has been reduced to an almost non-functional nuclear group, which pivots around a home but gets its kicks outside the home.
7. Loss of self--the individual becomes his occupation. Consequently there is a loss of personal will.

Even the power elite is controlled by corporate-government forces. Government and big corporations really work for each other. Government is run like a corporation. It is simply the biggest business in the country. Power in the U.S., then, is part of a corporate monolith.

Examples of powers in the U.S.: To distribute one publication and not another on an airline; to raise interest rates; to forbid children in apartments; to prevent people from buying unhydrogenated peanut butter; to promote sale of cigarettes and other unhealthy products; to change the culture of a foreign country by intervention of military, commercial, Peace Corps, student exchange, or U.S. Information Service programs. A student who doesn't like the way universities are run should leave, but there is nowhere else for him to get his education.

The political state has been replaced by the administrative state, which is ruled by economic theory, not by human needs. The political state consists of many different cultures and interests, represented high up in the government and producing conflicts with temporary resolutions.

The boss or supervisor is treated as a higher form of human being. Thus there are second class citizens, though they are not necessarily based on color.

Imposed order is ultimately based on force or violence. Thus it encourages violent attempts to change it. For instance, prisoners who work under the gun feel challenged to escape and then to get and use a gun themselves. The problem is that some order may have to be imposed because without ultimate control by the threat of violence or by a violently stiff conscience, the newborns cannot reach any acculturation or civilization.

The corporate state is autonomous, like a machine out of the control of men. In the "New Industrial State" the corporations create their own market by brainwash advertising or by opening up transport to some small African country. Decisions of the influencing experts, managers, and professionals in an organization are governed by the laws of bureaucracy and professional behavior. They don't respond to outside directives. Once a policy is set up it tends to perpetuate itself.

Executives are "briefed" by others and thus become mediators of limited third-hand communications. Only inconsistently do they produce useful original thought.

The New Property

Ownership of the new wealth consists of:

1. The stockholder's right to share in profits.
2. Management's right to make policy.
3. The employee's right to status and security.
4. The government's right to regulate.

Thus, wealth includes a job (corporation), stock certificate (corporation), alimony (court, government), pension (corporation, government), dealer's franchise (corporation), hospital privileges for doctors (corporation), hospital privileges for patients through life insurance (corporation), status of college students (university).

All modern wealth represents a relationship to some organization. It also represents a relationship to the ambient society. The value of an income or a franchise depends on the affluence of other people. If other people are all uneducated and penniless the rich man has nothing but their unskilled work to control. If people are all affluent the rich man's status is less exclusive but he lives in more comfort. Capital also includes friendship and colluded plans.

Government is the biggest dispenser of the "new property"--licenses, pensions, job subsidies, tax benefits, contracts. These awarded or attained statuses produce security, money, confidence, power, and a substitute self which comes from the power and confidence. The state dominates thinking because it controls selfhood. The new property ties an individual to an organization to maintain the value of his capital and his selfdom. The individual now has to tread easy. He owns no private property. That is, he controls nothing, absolutely.

Every man in his separate status circle is alienated from every other man. An automobile executive can't decide on his own to keep auto models the same for five years in order to save money for public housing. His selfdom is based on his relation to the automobile company, and that self cannot make an independent decision. Yet this decision would be in the only area where he has power to act for the public good. Consequently most people seek to bring about changes in things they have no power in and no direct responsibility for. If they have responsibility they are coerced to maintain the status quo.

We make the law's standard our own. Sin consists in ignoring the law in favor of your own desires, but there is little creativity without "sin" since too restricted an action restrains thought in many people. Law is especially stultifying when it develops by pure reason or logic or when it adheres to outmoded tradition instead of developing largely out of the forward needs of today.

The ravaging of natural resources implies that the government's point of view is the same as the private corporation's point of view. The government avoids thinking of the effect on the world as a whole or on the infinite span of future time. No American point of view can go contrary to the point of view of process industry. The corporate life must be clung to but a leg may be amputated to save the body. Thus, certain corporations or individuals may be sacrificed.

The corporate state's power is maintained by the gap between people's belief and the social realities. What people don't understand they can't control. Actually, both the corporations and the individuals maintain the delusion that resources will never run out. In the last century or so the U.S. had the right to pollute the world in order to build up its industry. Now, when the U.S. is rich, it can prevent other countries from polluting the world and making themselves rich. We say, "Our ancestors used up most of the sperm oil and the forests and now there's none for us." Southern Europe and Africa, however, can say that the U.S. and other industrial countries used up these resources and now they have the capital to give to us poor countries so we can develop.

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Consciousness Types

A consciousness is the general cluster of related ideas an individual has. This consciousness is formed by economic conditions. The individual simply latches onto an existing set of liberal or conservative or other ideas.

Consciousness I was appropriate to the 1800's. With small town face-to-face relations and individual enterprise it was the world-view of the U.S. farmer, the small businessman or worker trying to get ahead. It was the Protestant Ethic.

Consciousness II is appropriate to 1900-1950. The values of the corporate society have developed out of the corporation and the machine processes and not out of individual human needs. This is the world of the New Deal--it gives benefits, not money.

Consciousness III is appropriate to 1950-2000. Individual "existence" is important. The individual's importance is in himself, not in corporate society. The individual's importance is in astrology-concerned, inner-searching, individual encounter-hungry society. Individual importance is not in process business. Money is meaningless. Benefits from the corporation are meaningless. The benefits of human contact are good.

Consciousness I: The hero is a plain character--an honest hard worker, not intellectual nor knowledgeable (Horatio Alger), but Melville's Billy Budd and Henry James's Portrait of a Lady show the catastrophe of innocence and they show the problems of Consciousness I. Industry considers that its problems are moral problems within individuals. Auto accidents are blamed on the driver, not on too many autos in production or on bad roads. The Consciousness I individual may try to imitate the aristocracy of an earlier age or the plutocracy of his own age by buying a first-class ship ticket and becoming temporarily a superior human being.

Consciousness II: The Consciousness II mind wants resolution of all conflicts. It wants a tribunal to solve all problems, but always through proper channels. It wants excellence, not equality. To get these things it turns away from concern about the individual. This turn was made necessary by competitive market economy which automatically misused itself with big corporate mergers, etc. It was made necessary by increased scientific technique which eventually gives dangerous knowledge to every individual and produces terrorism in the Consciousness III times.

A medieval tribal residue combined with industrial technology and Renaissance organization to produce the Consciousness I, II, III individual concepts, but Consciousness II has the most corporate influence and the least medieval.

Consciousness II assumed that the individual competed against a society or a corporation and not against other individuals. Consciousness II therefore tried to obtain better due process of law, effectively widened franchise, and ego-strengthening psychotherapy, but since Consciousness II is a corporate mind it couldn't do anything to cripple corporate process in favor of individual living. Corporate process existed presumably in order to improve living but really corporate process existed for its own development as a system. Thus, a depressed individual can live on for the logical improvement of some theory or art work or some social system, such as a charitable organization, when he cannot live for himself. The depressed person of Consciousness I lived vicariously for his child as an extension of himself--lived for the person his child was. The Consciousness II person lives for the organizational system as an extension of himself. He lives for the process of production of law, of gaming, and of social conventions. Corporate process has an organic life of its own quite aside from the individual managers and employees being cooked in its milieu.

Milieu therapy (a hospital atmosphere which induces skills in living) is Consciousness II. The self-managing hospital as therapeutic community and the natural community's own involvement in psychiatry can be better managed as Consciousness III.

Consciousness II considered that abused economic power must be subjected to public interest. Moralistic government dealt with specific acts, not with causes. The New Deal made a great corporate government to match the power of private corporations, and this public corporation gained as much power over the individual as the private corporations had. Nothing came back to the individual. The New Deal saved capitalism. But the New Deal broke up the capitalists' delusion that there could be a "no problem" world where self-interest in a free market produced social good.

Consciousness II gave no absolute individual liberty. It always subjected liberty to the overriding interests of the state and produced collective training, racial equality, a reduction in government corruption, and an increase in Social Security--pacifying the individual of today by borrowing from his children.

Consciousness II was an elitist society. The standard of the elite was its utility to technological society. There was no absolute worth of the individual except in theory. The elite man was a theoretical model for the common man to use in developing his own illusive individuality. But the elite man didn't really have any individuality of his own. He existed only as a disturbance or a relationship between elements of the corporate world.

Consciousness II's public or business life was a fight for reform only in the direction in which organizational life was going anyway. It began to fight racial discrimination only in the 1950's. It began seriously to oppose the Vietnam war only about 1967. This consciousness won't jeopardize its own status to fight for reform.

Consciousness II's home life is liberal reformist in thought but not in action. There is a split between Consciousness II's public and home life. This is a schizoid condition. It is not hypocrisy, though children think it's hypocrisy. Neither the public self nor the home self is false. Consciousness II man simply has two selves, for the public self must conform to corporate life. The self is an image set up by the corporation. It has a certainty, just as if the corporation controlled the universe.

But a natural self is really derived out of the chaos of many natural and human forces. Corporate life is only the current delusional way of soul-organizing the world. Since Consciousness II loves certainty and security, it avoids dreads, awe, accidents, failure, helplessness, and magic. Yet only these experiences allow derivation of a self out of a broader world and therefore allows a broader self than can be derived from a corporate life with its narrow goals.

The efforts of Consciousness II are falsely-artificially rewarded. The Consciousness II man works with willing self-sacrifice for the corporation in order to reap satisfactions for the very desires the corporation instills in him by advertising, education, news media, etc. The corporation, by means of

salaries and sometimes capital assets, gives the individual the means to satisfy those desires through corporate products and services.

A life of service in order to produce is incompatible with a life of hedonist desire in order to consume. Consequently neither kind of life can be full. This schism is the seed of destruction for Consciousness II.

Consciousness II's public life consists in work. This life is kept from being free by means of loyalty oaths, character files, clearances, meritocracy, employment regulations. Only Consciousness II's private home life is free. It is free to make consumer choices "guided" by advertising, education, and style pressures from neighbors. In Consciousness II the housewife is really the freest individual who exercises the widest discretion and for whom most of the corporate world is really set up. Most of the consumer advertising, parent education, and medical training is directed at her. For she is the family's consumption head. Her husband is only its industrial production head. The technical progress in Consciousness II replaces the husband and father but not the wife and mother.

Consciousness II advertising creates a desire for sex, status, and excitement, but the products sold don't really satisfy those desires. TV, especially, incites the poor, who can't buy and they assume they might have had status if they could have bought. TV especially incites the young by making them more widely aware of each other in order to sell more products by example. "Look at your friends. They wear McDonald's sweat shirts, drink Slurpies, etc." TV makes a separate consumer market of the young which rivals the housewife. Fewer jobs and longer necessary training has prolonged this youth period.

Consumer dissatisfactions result from technological breakdowns, such as traffic jams, machine failures, etc. The end product of consumer society is a person who reacts against pampering, a ruthless, liberated, impractical person who is a threat to corporate life. The module and the package home make the child feel at home anywhere. There is no unique character to "home." Therefore, the child easily takes off. If he can also ignore consumer goods he is liberated.

TV gives the child an old picture of the world--high spirits of Coke drinkers, happy family of "My Three Sons," and "Father Knows Best." But then the child finds the world full of slums, etc. TV promises the affluent life and ideals but the world threatens pollution, senses overloaded with advertising, boring jobs, Vietnam, and nuclear weapons. TV is the mother of the 10,000 things. Mother TV shows you how the world ought to be and then you go out and expect it so. It is so, of course, if you think it's so, and TV helps thought.

This life is in contrast with the farm child of Consciousness I who learned solid textures in his world of things, animals, and human characters, and then went on to make myths. It is in contrast to the medieval world portrayed in Johann Huizinga's The Waning of the Middle Ages, where many extreme contrasts side by side lent color to life, even while it may have lent misery.

Consciousness III

For the mind of Consciousness III, crime, auto accidents, drug problems, etc. are not due to individual moral turpitude but to the poor human or mechanical engineering. Roads can't carry enough cars, people can't get proper satisfactions within the law.

Formerly, young people were no more tied to family and school than to their own generation. Now the more the old people reject them the more the young unite coast to coast. The clothes of the young are uniform, practical, tough, and colorless. Blue jeans as they wear bring out the imprint body inside. Pressing, however, brings out the suit only. The young wear mass-produced cheap clothes as a base and they use hand-made decorations and jewels to individuate themselves. The new clothes are worn with pride to express brotherhood of the rich and poor young.

A revolution now occurs by consciousness--by consensus of a whole tribal group--not by voting or violence. The new consciousness induces itself even into the old people's world. This is especially so because the new kids are so likable when contacted on their own ground, in their own culture. The new kids as workers will lay their bodies on the line and make changes, since they will be the teachers and doctors and workers. The responsibility they gain makes them maintain the status of their own Consciousness III.

Vietnam's changes are changes in the consciousness of the natives and in their encountered Americans. The Americans return to a U.S. which can't yet understand their change in consciousness but it is the new Consciousness III which can most easily understand these veterans--new democracy of small squads deciding for themselves whether and how to attack. Thus the individual soldier abandons his resting of responsibility for failure and the death of his buddies on an "established" leader. But the old generals see the Vietnam war as an attempt to control or produce enemy armies, production, or solid social institutions such as schools and commercial houses, not as a multinational convention to form new attitudes or consciousness on Spaceship Earth.

Consciousness III's status depends on personal fulfillment and recognition by others of one's inward soul-values within small-group humanity, and the recognition of oneself in the soul and in the character of one's friends and enemies. These recognitions replace the status formerly provided by money and corporately stylish consumer goods.

Remember that necessities can now be solidly established as a baseline. That baseline is the contribution of the capitalist-socialist corporate economy, just as control of sea and air are only baselines in the Vietnam war and the "winning" of the war is done person-to-person by consciousness change and not by violence. Therefore, modern Americans don't argue about the need for these necessities any more than they argue about the necessary existence of the sun for continued economic or spiritual progress. But given that necessity, the crucial thing in Vietnam is the induction of a new consciousness into the world-Vietnam interface. In economics, the crucial thing is the opening up of new satisfactions and ideals--new sex, new music, new travel, philosophy, religion, superstition, which could not formerly be afforded.

The new mansions are group-owned castles where the group member contributes his own plants and art and cooking, etc.

The French Revolution (middle class power) and the Russian Revolution (working class power) were mere shifts of power base. The Consciousness III revolution is equivalent to the rise of Christianity after the Roman bureaucratic-proletariat balance was finally set in the stable empire. Consciousness I and II both defined thought in terms of science but II used a grand scale of organization, pulling government and many corporations together.

5/22/73

Consciousness III desires:

1. The restoration of non-material elements of life--landscapes, art, and spiritual life.
2. The restoration of science and technology as tools of men, not determinants of his existence.
3. The development of esthetic and spiritual life (astrology, religion, philosophy, art), after being given machines and good organization to take care of material needs. Only by this esthetic development can technology survive or have meaning. Nowadays, many fathers provide their children with material needs. When these fathers die the machines will do it. The children will interact with themselves and with their own children, soul to soul.
4. The elimination of competition and bureaucratically managed coordination. These are to be replaced by personal influences within the bonds of cultured brotherhood.

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NEIGHBORHOOD CULTURES TO BE CONSIDERED IN PLANNING SOCIAL SERVICES

By H. D. Parrish

A Rough Map

There was a time when mental health professionals, educationists, and other public servants tried to deliver a single standard of each service for every community in the country. The schools and associations for each profession thought a person was qualified within that profession when he met a standard of skill which was dependably the same all over the nation. Nowadays, however, we think that some classes of people, some sub-cultures, some neighborhoods need different therapies, different educational programs, and different security services than others do. For some communities it may be detrimental to offer the traditional models of medicine, education or police work. Consequently we find more public servants conferring with the community, negotiating with its members to develop the particular type of services acceptable to each particular community.

What improves one sort of community may destroy another. This applies not only to methods of serving but to methods of accounting, degree of authoritarianism, etc. Social workers, community organizers, paraprofessionals in mental health, etc. can evaluate a community's needs more skillfully if they have some tentative classification of community types. It would be a mistake to consider any model an accurate map of community dynamics, but nevertheless for a traveler in a strange country an inaccurate map is better than no map. The developer of human services in communities should assume that there is no up-to-date map which he can follow with absolute confidence. Communities continually change methods of working and planning. The following, then, is a classification map of peoples who form American communities.

Importantly, today there are three widely different kinds of American communities: (1) Rural communities; (2) City neighborhood communities--including (2a) the politically cohesive "ethnic ghetto" and (2b) the fractured community of the modern "helpless ghetto"; (3) The consensus (or the bond of common feeling) among scattered cosmopolitan professionals--including (3a) those supported by law, and (3b) those not supported by law, regardless of their ethics or their establishment philosophy.

Country Folk

(1) Rural communities with land-based social institutions change very slowly. They pretty well fit Riesman's¹ tradition-directed character. These folk² adhere to the mores of their ancestors. They make intensive personal use of the land, even when they don't own it. They usually have a deep love of the landscape itself. Natives do not want to leave Harlan County, Kentucky, even though they can earn more money in Chicago or Atlanta. Natives also do not want to leave the Greek mountains for America. Many who do go to America and make their fortune come back to those mountains to die. Rural people invest their very descendants in their land. They transmit across many generations their antiques, their material wealth, their local traditions. There is usually an established hierarchy ranging from "prominent" folk down to "trash" folk.

These rural people see the city as their enemy. The city, for instance, takes scarce water supplies away from the countryside. This has been true of Cairo, Athens, Los Angeles, Phoenix, Denver, etc. When the city wants to expand its city limits, and thus increase taxes for country people, the city usually

CHARACTERISTICS OF NEIGHBORHOOD CULTURES

<u>Rural Folk</u> (1)	<u>City People</u> (2a and 2b)	<u>Diasporate Tribal Consensus</u> Nomadic and Liberal (3a and 3b)
Property	The individual uses it, the lineage owns it.	Individual owns it. Corporation or government or the enemy owns it.
Manner of Acquisition	Inheritance or squatting.	Conquest, purchase.
Wealth	Bank account. Land, materials.	Annual income. Money, energy. Education, inside dope.
Locale	Country, town.	City neighborhood
Group Life	Extended family, ancestors and descendants.	Nuclear family.
Most Important Type of Communication	Tactile, oral, eye to eye, local.	Literary (paper work).
Language	Dialect, patois.	King's English, Hoch Deutsch, language of the capital-- London, Paris, Tokyo.
Origin of Morality	Church and folk customs.	Within the individual.
		Sensitivity to where others are in their styles of thinking and feeling.

Respect and Response to the Local Culture

The trouble is that if the slum neighborhood already has those cultural attributes as a community, it is not disintegrating. It may, of course, be moving off piecemeal to integrate into other communities--leaving behind it deteriorating buildings. But the remnant is still a cultured tribe. If the "slum neighborhood" does not have cultural institutions which enable it to prosper as a cohesive, politically important community in the city, then some of its members may leave that way of life and develop an affluent professional nomadism. They may become part of a worldwide consensus--a society of people with a common set of mores. In the past, individuals could do this by joining the army or the clergy, or perhaps a crime syndicate. Now they can join many other professions. Sometimes these "slum neighborhoods" select out some social institution they do understand, and they emphasize it in such a way that they do become cohesive as a community. For instance, they may develop a strong church, a strong military organization of their own, or a strong crime syndicate.

In any case, to ask a slum community to change is equivalent to asking it to commit social suicide. Since the individual obtains from his society his feeling of who he is, he is effectively "killed" when he is given an education which really belongs to another culture or when he is moved into completely new architecture or geography. People resist this kind of change.

When we negotiate with a community to provide such human services as mental health, education, security, etc., it may not always be useful to assume that the community should transform itself into a stable ethnic community--politically powerful, well organized to handle its own education, its delinquency, its recreation, its old people... If we do not try to force the middle class "ethnic" model of a community upon groups that have outgrown it, or upon groups that are not ready for it, then we can usually negotiate with each community in a manner which helps it to contain or prevent its own delinquency, dropouts, neuroses, alcoholism, accidents, etc. Community members may do these things in their own way without transforming their way of life from their own culture to some current standard life style in the mind of a public service agency.

The dominant communities in the "ethnic" (2a) or consensus (3a) sector sometimes try to make illegal the attempts by the (2b) ghetto people to form politically strong self-managing organizations. Thus a government agency (3a) may provide a grant-in-aid for a black anti-crime program but at the same time demand accounting of a sort easily achieved by the Continental Illinois Bank but not by a new ghetto group. Instead of providing the new agency with an accounting staff or a negotiable but continuous monitoring system which prevents misuse of funds, the government often prefers to let the agency naively misappropriate funds and then to prosecute them. (Politically this is more exciting.) Schools (3a) are usually careful not to allow a student from the ghetto any credit for education received in such an agency. Yet the vocational training and the education for citizenship delivered by the agency may be more useful to the community than the corresponding courses offered by the school.

But the trend now is for the service agencies such as mental health, education, police, corrections, and welfare to adapt themselves to the local community culture--sometimes to the consternation of sociologists, who want a single standard "best" society for the whole nation, sometimes to the exasperation of public accountants, who find it hard to follow several fiscal philosophies at once. Good use of money in one culture, for example, may be bad use in another.

of the city. In the bedroom sector, they dwell beside other cosmopolitans, usually from unrelated professions. They show off to each other within a standard style of consumer life. In their neighborhoods they form civic organizations to maintain their real estate values and to insure an adequate share of community services. Otherwise they have little personal commitment to their bedroom communities. They assume their children will certainly move to some other community. Their loyalty belongs to their own professional group, not to the land and not to the neighborhood. Their important social links often extend worldwide, forming a consensus connected by electronic and literary communication rather than by neighborhood groupings. They are oriented not around territory and not around a family which can spin forward into an endless future, but around their mission in life as a professional group. They serve some corporation, government, or profession superior to their individual selves, and thus they bear some analogy to the monks of the middle ages. Each profession and managerial class has a particular area of expertise which it exercises, or a particular class of people which it exploits. Geographically, however, there is no "catchment area" which includes them as a group. They have the capacity to form temporary ad hoc family-like groups of intellectuals, with easily attained intimacy. Their comrades usually include the people who work in a related profession or in a similar corporate mission.

It has been hard for the rural classes and the city ethnic classes to believe the nomad professionals form a community, because these traditional classes cannot see that community. Nevertheless, the community is well institutionalized, with traditions and rules of its own.

(3b) Exactly the same words can apply to the life of that part of the consensus which is not well supported by the law. Only the names of the professions will be different--hit man, shill, confidence man, militant organizer, hooker, pimp, syndicate lobbyist... Sometimes, political or corporate collusion is not supported by law, and passes over into (3b).

An example of the dissemination of this (3b) section of the professional consensus occurred in Chicago in the 1960s. "Urban renewal" broke up some adolescent gangs, such as the Blackstone Rangers, but as they were moved to various sections of the city the individuals of these gangs simply formed a diasporic syndicate, such as the Black P-Stone Nation, composed of individuals and small groups from such former localized gangs as the Kenwood Devil's Disciples or the West Side Vice Lords. This diasporic syndicate communicates electronically and literarily, just as the members of (3a) do. As a "nation" they do not feel confined to any particular sector of the city. Their territory ranges through all of society, and not just through a neighborhood.

To the ethnic neighborhoods of (2a) above, however, all these professional nomads--legal or illegal--appear as an unstable influence in the city. These professionals produce schools without walls and communities without spatial territory. Their territory is mental. They thrive on constant change, growth, and development. Their commitments change with new technology or new political or corporate administration. They use some currently stylish suburb as a sleep-in and show-off place for two or three years, and then move on. They seem to have no fixed religion, no constant prejudices, no real control from "above." Typically, they make more money than the other groups, yet they do not have to get to work on time. They do not have to work beside a comrade or join an aggressive labor union. To the "ethnic" city neighborhoods (2a) the professional consensus (3a and 3b) is as foreign as the city neighborhoods themselves once were

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PROBLEMS AMONG NEIGHBORHOOD CULTURES--AN EXAMPLE

Black leaders may live in an "ethnic ghetto" or in a disadvantaged ghetto, but insofar as they are leaders of a widespread black consensus they belong among the nomadic professionals (3a or 3b). These professionals include such widely different types of leaders as Marcus Garvey, Malcolm X, and Martin Luther King. The hostility and the misunderstanding among the various classes of community make life hard for these leaders, and at the same time delay progress for all communities.

For example, in Washington, D. C., the privately organized Black Man's Development Center during the 1960s helped greatly to decrease crime in certain neighborhoods by utilizing citizen police and warning networks, in cooperation with the city police. It also organized gigantic cleanup programs which removed tons of trash from the neighborhoods. It carried on a remarkably effective drug abuse prevention program, using underworld intelligence channels to get at the distributors of drugs, and using popular teenage clubs and gangs to re-educate the young people. In addition, they held vocational training classes and obtained work for their charges through wide and intimate contact with the biggest employers of the city.

In the fall of 1967, the Black Man's Development Center opposed participation of any black people in the march on the Pentagon--feeling that such participation would seem un-American and unpatriotic. The organization did successfully block the participation of blacks, and thereby took much of the political clout away from the march. As part of the effort to prevent black participation, the center distributed handbills which implied that the march was stimulated in part by "Zionist Communists."

The center became so successful that the Department of Labor and the Department of Health, Education & Welfare deemed it worthy of public funding. Heretofore funding had depended upon foundations and upon private contributions, notably from people whose relatives or whose neighborhoods had been benefited by the anti-drug abuse activities of the center. Ten percent of the personnel of the center were white, as were about ten percent of the neighborhoods they helped. The center had a great advantage over other private and public drug abuse programs because a drug abuser could be treated with more assurance of anonymity. Thus it attracted the families of high-ranking officials as well as people who were frequently in trouble with the law. Many of the center's financial supporters as well as its staff workers were Jewish. In 1970, however, when the center received a sizable grant from the federal government, the Anti-Defamation League recalled the center's appellation "Zionist Communists" and used that appellation to alienate the center from an entire Jewish consensus. It seemed, then, that the center had, in 1967, successfully interfered with a march on the Pentagon without realizing it might possibly alienate an entire consensus rather than the few people the center thought were acting as Communist agitators.

The Anti-Defamation League had power and fame for its worthwhile attempts to support the development of the State of Israel and to maintain a likable image of the Jewish peoples. Consequently Jewish supporters of the center, while they still believed in the center, feared to antagonize the Anti-Defamation League. Many of the center's private funds dried up. The League

Problems Among Neighborhood
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brought pressure upon the federal government, and federal funds dried up. There were also accusations that the center was not properly accounting for its employment of public funds.

Let's look at this problem in the light of the various types of community life involved:

The Black Man's Development Center had to work with, first, the conservative ("ethnic") communities of the Washington suburbs, which wanted to protect their children from the specter of drug abuse. Many of these people were, of course, established conservative middle class blacks, but the center had also to work with the disadvantaged blacks of the "helpless" ghetto. Thirdly, the center had to contend with the interstate machinations of the non-law-supported consensus, which supplied the drugs, and to some extent also used them. It was possible to transfer some of the members over to the law-supported consensus if they could be trained for new vocations, and reacculturated to a new style of living. Part of this reacculturation was done through religion (usually Muslim). Part of it was through ambition to develop a new black nation. Fourthly, of course, the center worked with the nomadic consensus of the Washington government officials and the other professionals who helped or hindered the center in its work. Fifth, the center worked with the rural folk. For it established small work colonies on two farms which it acquired in the distant countryside. At first, of course, the tradition-minded country folk were wary of this insertion of a "colony" into the changeless countryside.

There have been very few institutions which could deal so thoroughly with all five of these sorts of communities. For instance, a strictly legal establishment cannot obtain much therapeutic confidence from the underworld. Most black institutions have much more difficulty than the center in treating white clients. Few other institutions can gain staff and public cooperation among peoples from both types of ghettos. The center is cosmopolitan. It established satellite centers in several other American cities, and it even sent emissaries to Africa and the Middle East. It was well acquainted with many of the embassy staffs in Washington--some of whom were involved in promoting the center's work.

The problems of the center illustrate some of the difficulties of dealing simultaneously with several types of communities. It dealt more expertly with all types than could any school, clinic, or police force which was narrowly concerned with only one type of community. Perhaps for that very reason it met excessive opposition.

For all its social expertise and its cross-class political charisma, the center's accounting facilities and style of disbursement could hardly equal that of the Riggs National Bank or a big competitive business corporation. It would seem that if public money is to be granted to the only institutions which can deal so well with the communities which produce most of our convictable crimes, then along with the money should be granted also an accounting staff, or perhaps a training program in how to manage funds. It makes wonderful political excitement when the government can grant funds to a worthy agency and then later prosecute that agency for misuse of funds. Still, it is much more practical to prevent the misuse of funds in the first place by a cooperative sort of monitoring and bilateral training, where the small institution trains the government, and the government trains the institution.

The Black Man's Development Center, of course, might have been more tactful in its efforts to prevent black people from participating in the march on the Pentagon. It might have been possible to avoid laying an egg which would hatch into the alienation of an entire consensus.

On the other hand, the Anti-Defamation League might have been magnanimous enough to overlook this gesture against its reputation, and thus it might have promoted the development of underprivileged minorities--an effort which indeed it usually enjoys.

It should be clear from this small example that many of our professional institutions are actually interstate or international in scope, and many of their members belong to a cosmopolitan consensus.

April 29/79

EDUCATION IN A GHETTO NATION

The Blackman's Development Group

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After my return from Vietnam in the summer of 1968, I worked part-time as a "participant-consultant" for the Blackman's Development Center (BDC) until 1972 when I left Washington to work in Illinois. The BDC undertook to better the lives, the reputations and the economic power of people in the inner city of Washington, D.C. where there was as high a percentage of hopelessly drug-ridden, jobless and crime-involved people as in any city in America outside New York.

The immediate work of the EDC was: (1) to decrease the drug abuse among the neighborhoods; (2) to help the neighborhoods clean up their houses, yards and streets and (3) to help people find legitimate and yet self-satisfying work.

The membership of BDC intersected in part with the membership of a small army (less than 300 persons)—the Blackman's army of liberation—which wore black uniforms, was commanded by a colonel (later a general) and worked like a corps of engineers since they spent most of their time in construction work, clean up work and teaching. The membership of this army in turn intersected with the black muslim movement. The group sent its Khadi or local priest and teacher on a pilgrimage to Mecca. Some of the members spoke Arabic well enough to converse in it to King Faisal when he visited Washington. Working with the above members was a parallel membership of volunteers such as dieticians, physicians, engineers, lab workers, teachers, business managers, lawyers and tradesmen. Some of the volunteers, as well as most of the army troops, were ex-drug addicts who had been helped by the BDC.

Financially, the EDC was supported in part by contributions from persons it had helped to get jobs. In larger part, it was supported by contributions from grateful suburban families whose sons and daughters had been rescued from their drug addiction by the BDC after failing to respond to public health and private medical and rehabilitation programs. Further support came from foundations and private philanthropy. Strangely enough, considering the Islamic connections of BDC, much of the philanthropy came from Jewish and Mormon sources.

In 1968 the BDC handled 11,000 different drug addicts, keeping medical records on all of them. The clients were not required to give their real names but only to furnish a way by which BDC could follow them up. Usually BDC would go to some friend and satisfy the friend that BDC was not the police or some enemy, whereupon the friend would inform the client that it was safe to contact BDC. Consequently, BDC reached many clients who would not otherwise have risked either treatment or follow up. Most of the treatment utilized Methadone in five different treatment units in the city and one in nearby Maryland.

BDC workers were themselves given urine tests for drugs at random intervals. A good number of the members, including the colonel, had spent time in prison. While the Blackman's Development movement might seem at first a sort of game of doubtful legality, it was nevertheless a very serious operation and a very effective one, not only in regard to drug abuse, but also in industrial rehabilitation and education.

The Need for Education

Many of the clients who came to BDC, as well as some of the workers, were actually unable to read much more than a stop sign and their own names. They could not

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read the names of streets, public buildings or stores. Nevertheless they would sometimes go into a waiting room or barber shop and pretend to read a newspaper. They were surprisingly able to bluff their way through the day without anyone knowing that they were illiterate.

Furthermore, many of these clients had never held a legitimate job. They did not know any trade except that of simple laborer. Some of them did no work at all and were supported usually by a member of the opposite sex. Others lived by shoplifting, burglary, the numbers racket or drug traffic.

Moreover, these same people had almost no understanding of legitimate local politics, the nature of the court system, government and public services, nor of how they could exercise any influence personally upon these things. Their only social and political collaborations were underground ones. For any individual the underground life was as sophisticated and complex as the "straight life". But it did nothing to prepare one for the straight life.

Lastly, most of these people had little notion of personal discipline or prolonged dependability within any group. Even personal hygiene was poorly disciplined.

Formulation of Plans for Education

Members of BDC, under guidance of consultants such as myself, explored the advantages and the problems encountered by the public schools, the parochial schools, the special rehabilitation services such as that in Fishersville, Virginia or the prisons and mental hospitals in Maryland. They explored the Montessori schools conferring even with Mario Montessori, Senior himself. They got advice from businessmen, engineers and successful tradesmen.

After some brainstorming at headquarters, BDC decided to institute four parallel programs of education:

- (1) Industrial trades
- (2) Reading
- (3) Political science
- (4) Military drill and work organization

Religious training also went on but Christian and Muslim training were separate.

The Industrial Trades Program

BDC taught essentially five trades:

- (1) The commercial clerkship course taught spelling, typing, shorthand and book-keeping methods. Since all their machines were donated by companies who had replaced them with newer machinery, the students had to learn to put these machines in order and keep them in repair.
- (2) The building trades course taught carpentry, masonry, painting, etc. The Marriott Corporation donated a large warehouse to the BDC and the trades students built many brick and wooden partitions, closets, etc.--painted and decorated them as barracks, offices, classrooms and workshops.

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- (3) The auto mechanics course operated a repair station of its own and farmed some of its students out to other stations and shops.

The TV and computer repair course put into order a large, somewhat outmoded computer which BDC had obtained from federal surplus. Of course, they also repaired many TV sets and radios.

- (4) The farm operation course was conducted on a farm near Fredricksburg, Virginia and to a lesser extent on a BDC farm in Maryland. Incidentally, some addicts seemed to be unable to stay away from drugs as long as they were in the city, but performed well without drugs when they lived on the farm. In fact, they averred that they had no craving at all for drugs. The minute they crossed the Potomac into Washington, however, they suddenly developed a craving for their old drugs.
- (5) The lab technicians' course was taught initially by in-service training and reading in the BDC's own medical lab. The lab's main work was to do chromatographic drug analyses. For some other work the students were farmed out to other labs.

The Political Science Course

The aim was to develop individual and group political skills.

The academic part of the course was conducted largely in classrooms in the Marriott warehouse, but students made purposeful field trips--usually in response to some important current event. For instance, the Washington Post carried a story about a black caucus in Congress consisting of about a dozen black congressmen. The BDC's political science students then composed a letter to these congressmen asking for further information, offering some suggestions and requesting interviews. Some of the students went down to the House Office Buildings and visited the offices of these congressmen. Other students visited the newspaper and talked to the reporters who had followed the work of this caucus. At another time the students participated in getting out the vote when Washington at last elected a representative, a mayor, etc.

The Reading Course

Reading was also taught formally in a classroom, but in addition reading was programmed into every one of the courses noted above. The student of auto mechanics, for instance, learned the nomenclature of the parts catalogues. The student would then dictate to a commercial student a story or a description. The commercial student would type out the story and then the reading student would read his own words in the presence of a teacher or of the commercial student. The words he missed would be underlined for special study. The student would copy into his own handwriting from the typed sheet.

When the letter was written to Congress one of the reading students handwrote it with the help of other political science students. Aside from the industrial nomenclature, the reading was taught mainly from newspapers since that was the important reading for the students in their daily lives. The libraries contained first of all newspapers and secondly sports magazines and thirdly booklets on hygiene and trades information.

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The few who dropped back into drugs were the only ones who did not learn to read, write or carry on a trade. Education was a part of life. Every member was learning something and was in addition helping others to learn.

Why Did This Education Work?

Unlike most adults, these students were not taught as isolated individuals, each having individual reasons for learning and applying the skills in their own places. Rather, each student was a member of a group which had definite missions to which that student was committed. Some aspects of this work were:

- (1) There was a feeling of "paranoia" against drug traffickers. Indeed drug dealers often attacked members and clinics. In 1969 a firebomb was dropped down the chimney of the main clinic and damaged three rooms before it could be extinguished. This gave the building trades students a lot of work and tended further to weld the organization together. Furthermore, the pseudo-paranoia served to glue the working group together as a unit. The "paranoia" of any individual had much more meaning within the group than it ever could have in isolation.
- (2) The collaborative and productive projects also welded the group into a unit of a slightly different kind. For instance, for project DOOM (which meant "drugs out of McKinley"), the organization went into McKinley High School, made speeches, associated with the students, intercepted the drug traffic, cooperated with the police and the school officials and served as models for the students to get into more interesting projects than mere drug abuse. Another sort of project was neighborhood clean ups. Uniformed members of the army would go from door-to-door and induce neighbors to join them in a clean up of all the back alleys and yards in a certain block. Their ultimate notion was to develop pride among the poor people of the ghetto (black or white people) and to decrease the putative weakening of the black race by hard drugs. A parallel aim was to increase the economic and political power of the ghetto dwellers.

On a particularly big clean up day the whole army turned out and every neighbor participated for all of one Sunday. Seventeen tons of trash were collected in tremendous piles. On Monday the BDC Headquarters proudly called the city's sanitation department and asked that the trash be picked up. Surprisingly, the sanitation department answered that they did not have enough trucks and men even to adequately pick up the normal trash next morning much less all the trash the BDC had collected. The BDC should therefore take care of its own trash. The leaders of the BDC were taken aback. They had expected the city would be glad that they had cleaned up so much. They held a council of war and finally called back the sanitation department saying, "We have heard that there are 17 tons of trash in this neighborhood which will be found piled in the middle of Thirteenth Street tomorrow morning when the rush hour begins". The sanitation department's trucks came out that afternoon and removed all of the trash.

- (3) Those who spent time on the farms found that if they did not collaborate well as a group it became very clear which individuals were the poor collaborators and it also was evident that the group itself suffered for lack of such things as water, food, clean dishes and even good shelter. New members coming onto the farms found that their predecessors there had done work such as remodeling which now benefitted the new members. Each successive group

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built onto the work of the group before them. There was a general social expectation of pride in this work.

- (4) The discipline imposed by the army hierarchy, the close order drill and the strong role expectations were new to most members and I don't believe they would have accepted this kind of discipline except that all the other factors pulled them into feeling good about the discipline. The discipline in turn gave each member a feeling of trust in the other members so that each could count on the others to do their part. A negative effect of the "army" life was that some citizens who did not know the BDC members began to fear that they might act like a Mafia gang or a group of Fascist black-shirts. One such wave of protest occurred when a group of about 400 black men and women of all ages arrived at the Virginia farm and one of their buses stalled on the single lane road and could not allow any of the following vehicles to pass. They were only going for a picnic but some of the neighboring farms thought they might be going to take over the county.
- (5) The Muslim religion afforded a bond among the membership. The strangeness of the faith from the "traditional" religions surrounding them set them apart as something special. The energy the membership spent in learning the rituals included quite a bit of Arabic language. The sacrifice they made to send their Khadi to Mecca also bound them together--even though only part of the membership was actually Muslim.
- (6) The most idealistic, and in some ways the most binding of all the forces, was the goal of establishing a black nation in Africa some day. This nation became a sort of "promised land" unreachable in the foreseeable future. I felt myself that if the BDC had come close to establishing such a nation, it would have set a goal even further removed in order to keep the organization always reaching forward not only in practical ways but in ideal.

Conclusion

Thus, a group of hard working people, 90% black in the city of Washington, welded themselves together to pull themselves up by their own bootstraps in spite of the fact that many of them had prison records. Others were illiterate or had no important job skills and most of them were quite poor. They set up a four part interlocking educational system designed to improve the most important problems that they faced. Nevertheless, I don't believe this education could have been so successful if it were not for the organizational cohesion which was brought about not by the educational program but by the interlocking of religion, altruistic work collaboration programs, the ideal of a remote nation to be founded and the evidence of success against drug traffic which they thought was degrading their families, friends and neighbors.

It seems to me then impossible to deliver education to an individual outside of the cultural context in which he intends to live his life. A baby learning to speak from his parents intends to live with those parents. A youth studying algebra in high school may never intend to use the algebra after he had graduated, but he intends to use it for some purpose within the context of the algebra class--or else he does not learn the algebra. Most educational institutions try to prepare the student for a standard world which the educationists assume the student will face after school. Adult education as practiced by the BDC however was considered a necessary part of the daily life and operations of the little society which was their life--religious, economic, familial, defense, recreational.

January 6, 1976
By Matthew D. Parrish, MD

THE MARATHON GROUP MOVEMENT--A CRITIQUE

For about eight years (1965-1973), marathon groups occurred all over the United States as a method of education, therapy or social contact. Sometimes, they were considered a part of the encounter group or the sensitivity group movements, but they were far more rare than these groups whose sessions seldom lasted over eight hours at a sitting. The fact that many of these types of groups have passed out of style does not tell us whether they were beneficial or detrimental, for it is to be expected that most innovations in the modern world will last for a limited time. This limitation allows for entrepreneurs to develop one product or service intensely, make a lot of money, and then move into a new up-and-coming style of business before the old one really dies out. Thus, the people who pay for such progress are those who are left invested in the old style of service or product. The successive styles of therapy and teaching parallels for example, the transportation industry...

Years ago, a person might have invested in canal boat transportation. With the building of the Erie Canal and many other such water-ways, that person would have become richer but eventually, the country would have been saturated with canal boats, and he could not have become any richer. If he were smart then, he would invest in railroads before the country became tired of canal boats. It would not matter that canal boats remained a cheaper form of transportation. The fact was that railroads came in style. They boomed. By the 1920's or 30's, however, when the automobile became particularly stylish, this investor should have abandoned railroads, and invested all his wealth in automobiles, trucks, roads, oil companies, tire companies and others related to the styles of the times. Now the country approaches the ultimate traffic jam, and it is becoming the style to move more information and fewer goods. It is therefore time for the investor to abandon the automobile. People who see the great value of water transportation and others who see the great value of rail transportation, etc. will not feel good about the notion that they will become less stylish. But, the fact is that no industry or service can keep expanding forever.

In order for expansion, itself, to go on forever, one expanding business must die, and a young business must start to expand to take its place. Thus, an investor who knows when to sell out can enrich himself in the overlapping succession of booms and busts in businesses. We have an analogous overlapping of booms and busts in service styles such as types of surgery or of psychotherapy. It is to be expected then that any new form of benefaction to mankind will have a life of its own--a birth, a middle age and a death or perhaps an eternal senescence.

Now the forces which drive out of style a new therapeutic or educational technique such as the marathon group are not the need of investors to do their profit-taking and move on to budding new businesses, but rather there are other forces which I will mention below.

By marathon group, in this case. I am talking about a group with twenty to twenty-four members, with about four of these members acting as staff. The group meets in rather a small room for about thirty hours. The entire floor is padded with mattresses and pillows. No one is allowed to leave the room for thirty hours except to go to the bathroom. Meals are passed in the door; no drugs or alcohol are allowed.

The advantages of such a group to its members are that there is a more intense interaction among the members, and therefore, a greater opportunity for education, therapy, or personal change. There is also a more vivid revelation of group dynamics.

In the traditional six or seven member therapy group which meets for about 90 minutes, each member has about ten minutes as his talking portion of the group time. A marathon

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group, however, gives more than an hour for each person, and the person is not merely sitting in a chair. Part of the time he is eating or sleeping, he is alert or tired, or perhaps is going through some dramatic game-like interaction within the group. It is not necessary, of course, for a member to speak a great piece in order to participate beneficially in the group, but it usually is of benefit for him to have some sort of interaction with each other member in the group as well as his life-role vis-a-vis the whole group.

Now the advantages of this sort of marathon group include a drastic unseating of individual adjustment which may occur because of the dramatic confrontation of a member with his own way of living. The group provides many different view points confronting these problems. The emotional difficulties arising from this confrontation may later necessitate a great deal of individual or small group therapy by an individual staff member--or at least many staff members think so. In addition, the group can disturb marriage relations. Usually, this occurs when one spouse stays at home, and is unable to keep up with the changes in the spouse who went to the group.

Another disadvantage is that most therapists trained for treatment within individual interviews do not know enough about groups to make the group, itself, proceed therapeutically or educationally and to carry individual members along with it. The traditional "individual" therapist usually tries to give individual therapy to each member of the group in turn, and he does this by getting the group membership to concentrate upon a single member for a while and then to move to another single member. Actually, there is little payoff for the traditional therapist to utilize the group itself. His payoff comes from helping individuals cheaply to improve within the group's setting. Another problem with the marathon group was that it appeared that anyone could do this group work with very little training. It seemed analogous to the cook who needs very little training to put out a TV meal. The fact is that the marathon group required a different sort of experience and training. Most professionals were invested in the tradition of individual interviews which they saw as protecting the patient's privacy and they also shielded the professional from open evaluation by peers and public. All sorts of "encounter groups" therefore sank into bad reputations because they were out control of professionals and yet were in competition with professionals.

Nevertheless, even if encounter groups, sensitivity groups, marathon groups, etc. were as bad for mankind as syphilis and leprosy, it would be irresponsible of professionals not to study the aspects of these problems which would throw far more light on human behavior and problems of human growth than less drastic or more usual techniques or diseases. Perhaps syphilis and leprosy are no longer the problems they used to be; nevertheless, it is chiefly through the study of such diseases as syphilis and leprosy that we know as much as we do about human, immune mechanisms in cancer, virus diseases, organ transplants, etc.. Accordingly, some of my papers examine the psychic phenomena in marathon groups.

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THE USE OF EXISTENTIAL CONCEPTS IN GROUP THERAPY AND TRAINING

Matthew D. Parrish, M.D.

Fairfax, Virginia Sept. 1971

PART I.

HOW EXISTENTIAL KNOWLEDGE HELPS IN GROUP THERAPY OR TRAINING

When John Doe deals with Richard Roe he usually tries to talk to Richard's attributes or qualities, not to his personal animal existence. John seeks to classify Richard according to the work he does, the country or state he comes from, the kind of community he lives in, his age, sex, race, marital status, and tastes. Thus he sees Richard as a Master's level Civil Engineer, reared in New Hampshire, now living in a middle class suburb. He is 33 years old, white, male, married ten years, with two children. He is a football fan and goes regularly to the First Baptist Church. Now, John can comfortably negotiate with such an understandable set of qualities. He can face that set with a comparable set of qualities of his own. John is a newspaper reporter, which means he is non-competitive with Richard's engineer attributes, but John is an Episcopalian who never goes to church. That means he may be competitive with Richard's possible religious convictions, so the two men may avoid the subject of religion. John has thus faced himself to Richard's fixed attributes and possessions, not to Richard's animal personality standing here and now before John's face.

But individuals in a group who only face the various sets of attributes displayed can develop but little skill and understanding for handling themselves or others. To develop such skills they must face the reality of personal human presences in the here-and-now. Each must be honestly open to the "me" in the other person. He must not duck behind the prerogatives and defenses of age, sex, reputation, education...

During the group session the leaders may bring one member to face another in the middle of the group. They help each person to face the other's actual here-and-now behavior, appearance and existence--not his attributes (qualities) nor his essences (which cannot be immediately perceived).

In the encounter, I as a member of the group face you as another member in the here-and-now existence of your own self. This is hard. It means sensing your touchable presence, without relying on cliché language, personal history, the vocations of either of us, our social status, or any other attributes, people, or things outside of this personal encounter within this present group. I give up the rank and pomposity lent to me by outside society and I face you with the feelings and with the kind of self that arises now out of this encounter of ours.

The leaders or the group itself may try to overdramatize my behavior in order to intensify our awareness of present feelings about each other and about the group. If I say, for instance, that I feel like avoiding you, the group may get me to go out of the room for a minute or two, or perhaps to move twenty feet away from you and to sense how that movement intensifies and clarifies my feelings.

I will then either come back to you with a feeling for you more sure and understandable to both of us, or else I will avoid further encounter with you for this time. For another example, if I maintain a chronically apologetic attitude, the group may stand you upon a chair and I may be set on the floor in front of you to look up at you as I talk. I try to see in what respects this feels right to me. If I am not ready for such exercises, of course, the group does not force it upon me.

As we face each other, we each become aware first of the active existence of the other self. We don't search for the mere attributes, essences, or definitions of ourselves as members of society. I say, "I see this as you, I sense this emotion in your presence." I don't say, "You're wearing a suit, I see you have a peace button, what is your rank, your profession, your hobby? Are you a Redskins fan? How many children do you have? Where are you from? What's your name?" I don't even say, "Are you really this much like me? Yes? Even deeper than that?" For such questions--or indeed any questions--set me off apart from the encounter. I would look in then toward the encounter as if from another place, as if, indeed, I were not personally involved in the encounter.

I discover my own self in you. Under the attributes, the stances, the defenses, and the facade of your education I find much the same person as myself.

I become aware of you not only as a series of utterances, not only as the content of presented ideas, but also as (1) a heard voice with a tone (auditory), a tremulousness, and a gaiety with a touch of seriousness; (2) a space-filling form (visual), a play of color, an ever-changing expression of posture, of face, and of eye-depths; (3) an odor--stronger when close to you (smell)--different near your hair from near your hands or face; (4) a tactile warmth or coolness emanating from your body (touch), even when my hands are not quite in contact with you. A sense of the texture of your hair and skin felt in my fingers, even when only my eyes and ears are sensing you. My hands by actual contact feel the roundness or the angularity of your face or arms, the weight and mass of your hands. These visual, auditory, olfactory, and tactile senses bring to clearer awareness within the group the present existence and reality of you as a person. The content of utterances, important as it may be, becomes superficial compared with the perception of the real person that is you.

If I become afraid, anxious, lecherous, or otherwise defensive while trying to perceive the reality of existence here, the leader and the group will part us gently until we are more ready for such an encounter. Once I perceive the reality of our existence I can deal more honestly with myself and others. I am more solidly myself in the eyes of all other people, more clear and forceful in communication, I am unafraid to face my own feelings, I can express myself to you, fulfill my desires, negotiate with others more effectively.

After most of the persons in the group face with each other the realities of their existence the group can proceed to deal with each person's more alterable attributes, his qualities of character, his knowledge or lack of it, his skills, and his neurotic conflicts.

Why do modern group leaders have to emphasize this existentialist reality of the persons present in the group? Won't group members undergo any change in their habits or attitudes or in their ability to cooperate with others if they

stand aside from each other as animal presences? Can't they just argue authoritatively and aloofly about ideas, about past events, about people who are not present?

PART II.

PSYCHIATRY'S NEED FOR EXISTENTIAL METHODS: THE NEED TO BOLSTER UP THE SUBJECTIVE CERTAINTY OF INDIVIDUAL EXISTENCE AND AUTONOMY

With the great development of science over the last two centuries Western man has lost his original God. Or at least he has lost his old reliance on the existence of God. Darwin, the new psychological knowledge, the atom bomb, space travel, and the double helix took away God as a personal force that cared for men--that created him and perhaps gave him his character and behavior.

The nomadic mobility of modern people, the love of the higher pay and shorter work days to be found in distant cities, helped to break up the extended family. Leaving the neighborhoods where their grandfathers lived, people sought the advantages of new work and life in a society emphasizing consumption of goods. The individual enjoyed now a financial independence. He was separated from his old family. In fact, he often got married to escape the know-all-about-you control of the old family. But the new conjugal family of husband, wife, and two or three children was also something for children to escape from. It never grew into the extended family of uncles and cousins in close communication with each other. The individual now had only a minuscule intimate world, or else he had so big and fast-moving a world (as in the bureaucracies or in show business) that there was no time for deep prolonged relations between people. There were just Hi-Bye parties and little of intimacy outside the small conjugal family.

People were absorbed into unfeeling corporate structures--bureaucracies, military services, businesses, political organizations. American people doubted if they lived as unslaved and as individualistically free as they thought rich people did or as the Spanish men, with their "machismo" or assertive masculinity. The corporate life's submergence of the individual left too little free action to convince the modern American that he really existed as a separate individual in the old sense. In high science the concept of cause and effect was retired in favor of statistical probabilities. Lower level laymen felt themselves treated as numbers and probabilities, even though they did not understand the high scientific theories. They could rescue their individuality by indulging in crime. "Illegal acts must be my acts. They are not conforming to bureaucratic standards."

The earlier Western philosophy tried to prove the existence and the "whatness" of self (--St. Thomas, Descartes, Kant). They showed that God has power for me or that the State protects me and includes me as God once did. The individual self is one of the chosen people of God. The later Western philosophers concentrated on the self, not on God. They "protested too much" that the individual as we conceive him does exist--Kirkergaard, Nietzsche, Freud, Heidegger, Sartre. Many people felt these philosophies were individualistic, not metaphysical, not theological.

The doubt concerning individual existence drove men to seek proof of the self's existence not only by abstract theory but by entrepreneurial action--that is, by business, crime, sexual aggression, individual creative work, cultivating a stable nest, worrying about one's identity or worth...

The great question came to be: "How can I, at the bottom of the great bureaucratic heap, get to be a choice-making free-willing autonomous self?" We imagined ourself free and self-ruling. "Autonomous" became a popular word in psychiatric circles, along with "insight," "spontaneity," or "warmth." When examined closely, however, free will seemed to rean: "The forces making my choices are so complex or so far outside my awareness that I don't understand the origin of my choices. I conclude, therefore, that I make the choices myself."

We doubted, then, the existence of the forces that really determined our behavior. We refused to doubt the existence of a self that supposedly made free choices without outside influence. Along with other behaviorists, B. F. Skinner¹ made people anxious when he began to get good results in treatment and education without even assuming there was any mind which guided behavior with its autonomous will and desire. Skinner apparently did not believe any person thought or felt for himself. The person only behaved as programmed by his heredity and his social world.

Some people took refuge in "subjective certainty." They felt certain within themselves that they were making free choices, were thinking, and feeling as well as acting. But others pointed out that (1) I was once personally certain that the sun rose, moved above the eastern horizon and traveled high into the southern sky, but actually the sun did not move, the earth turned. (2) Things happened in my dreams which I did not feel responsible for and did not desire. For example, a bull might chase me or my sister might drown. (3) Under influence of marijuana or at high altitude without adequate oxygen, I could be absolutely certain I was doing accurate mathematics, but a later check would find me all wrong.

It seemed then that we sometimes had less choice about our beliefs and our actions than we thought we had.

Freud found unconscious thoughts revealed in dreams, slips of the tongue, jokes, and people's rapid free associations of thought. It appeared that feelings which we decided to suppress or control did not cease to influence our beliefs or our acts. These feelings simply became unknown to us and from their unconscious hiding place they guided much of what we did and felt. An employee believing he liked his boss but unconsciously irritated by him, would make little mistakes, costly to the boss; or he would develop ulcers, celitis, or high blood pressure. Accordingly, we can either experience our emotions and live with them or we can suppress them and they will guide our lives without our knowing it--keeping us anxious, sick, drugged or accident-prone.

Changes in behavior, blood pressure, etc. brought about by the part of our feelings which is hidden from us, may seem to be caused by something outside our responsibility, just as our dreams seem to be. At other times we make choices because of these hidden desires but we tell ourselves we make them for clearly thought-out reasons. "I moved to this seat because there was an ash tray here (but actually I wanted to sit where I could watch a certain person I'm jealous of)." The programmed fragmentation of families and the new theories which people interpret as deriding untrained mothers and rural cousins made us feel disconnected from the powerful groups or persons that really concerned themselves with us and to whom we could contribute our own work, aggression, or love. Much of our lives is spent now in an effort to get some kind of care from other persons

or to have some kind of effect that will prove to us that we really exist as worthwhile individuals. Hence the great need of Americans to join groups, to seek therapy, or to lose themselves in aggressive work.

PART III.

THE NEED TO AVOID CHANGE OF ONE'S HARD-IRON SELF-IMAGE

An individual's self-image is precious to him. He may see himself as a kind and compassionate person who loves peace and beauty and would never do any harm to anyone nor contaminate any of his environment. He does not wish to see anything in his character that would contradict that image. He does not wish to add anything to his knowledge or to his habits that would be incompatible with that image. To lose something of one's old image is to die a little. Many doctors and lawyers, for instance, act as if there is nothing in their specialty which they do not know well; they want to give the image of being experts. Sometimes this is only a calculated stance and then it is not so misleading to the professional himself, but when he comes to believe that he is an absolute expert he often gets into trouble. Many people learn quite readily in classes and in life experiences until they get their final degree from a university and perhaps are licensed to practice a profession. After that they are very hard to teach. Sometimes a technician with only a practical education can outdo these professionals in handling the problems of a specialty.

The individual usually tries to avoid change by three methods: (1) He builds a "nest"--he gets a stable job, marries, acquires a house and garden, etc. (2) He shuts his eyes to social changes around him, such as black-white difficulties or reforms demanded by war or by young people. (3) He shuts his eyes to parts of himself and therefore is able to maintain a certain consistent self-image which contains highly desirable attributes.

Some people can tolerate a change in their characters if they feel that they themselves are making the crucial choices. "--I'm going to become an alcoholic. Yes, I am a slave to cigarettes, I do not want to stop smoking. I am too fat but I will not go on a diet. Yes, I am going to be a thief about this insurance and say this old dent in the fender was caused by today's accident." Few people, however, can tolerate being shown that they are alcoholics or homosexuals or thieves. To enlighten them is a dirty trick. People are uneasy about psychiatrists because they feel the psychiatrist may make them understand the real desires and the denied activities behind the self-image which the person presents to the world. Most people prefer to keep their old image plus their emotional conflicts rather than to get a new image and be rid of the conflicts.

A static and unchanging image may amount to death. A person who reaches a golden state of nested stability and tries to hold it without growing or developing further soon falls behind in the modern world. He may get a feeling of progress only by fooling himself. Some reach this state with retirement, with getting licensed to practice, or with obtaining a government job. Some feel they can reach a static and secure image by getting married or getting divorced with high alimony.

When two people meet they often try to search out each other's self-images. One may ask, "Where do you live? (how good a neighborhood?) What kind of work do you do?" Without asking directly, the person may seek to find the other's feelings about religion, his age, his sex, race and national origin, his interests

and hobbies. All these questions seek for attributes of a person, they do not seek a feeling of the immediate presence of the person himself. The attributes and the essential qualities of the man define him as a person. They show his nature, but they do not show his present existence within this encounter.

"Existence" or "Being" as used here, is the act of being "I." It is the presence of my person before you.

"Essence" is my nature. I am a man, a rational animal. This is the first thing that others assume of me. "Attributes" are those qualities which are not essential to me as a man but which I "rent" from others I encounter in books or in contemporary life. Thus I have the attributes of blue eyes, a jolly disposition, middle class American habits, etc.

In social encounters, most people listen to the content of speech. They face their own verbal content against your verbal content and avoid intimate personal encounter which is without verbal content.

The reality of my existence is judged by your act of existence. These realities of existence do not include our rented attributes nor the essences which define each of us as an eternal idea (but not as a person to be felt and sensed). This reality of my existence is intensified in my own awareness by your act of existence.

My existence, without my self-image or attributes, is a small but a strongly interacting thing. My self-image, however, is a puffed-up set of borrowed or rented attributes and qualities which usually relate only to other images. The encounter with another's existence sets aside the self-image--may even avoid it completely.

Essences are seen through a glass darkly, not face to face. Faith is the evidence of essence not seen, for no essence is really seen—it is defined or deduced. I may be essentially a man but no one has ever seen Man. We have only seen individual men present in reality before us. The memory of a real man is a sort of essence, too. It is an idea in my mind, it is not the man himself in front of me. Nevertheless, it may be more true, more real, and influential than some of the social presence of a particular man. The store of words in our language also consists of essences (ideas) but the use of language in an encounter becomes an act. The language is presently a part of the encounter. Existence and essence, then, manifest themselves at the same time when we encounter another person. Love deals only with essences but caring with acts also. We may have caring (charity or love) toward the person as an essence, as a remembered idea, but we have a more intimate caring for that person we encounter as an immediate presence.

Some may equate intimacy of communication with sexual behavior. By such an equation they avoid all intimacy with men, women, or children. In many groups, for instance, the idea of sexual intercourse is set up as if it were at once the strongest taboo and the most avidly sought goal in the society. This is done in order to keep the individual away from the pain of the real problem—intimacy with the feelings of other people and the self. Thus a wife may sometimes live a more intense emotional and intellectual life with her minister or her therapist when sex is not even involved, than she can with her husband, when sex is very nicely involved.

The aim in group therapy is to get the members to pass beyond communicating only by means of ideas and the content of speech, and to face Richard's act of existing with John's act of existing in the here-and-now.

Some fear this may mean "out of sight, out of mind" when we are not actually facing anyone, but yesterday's experience in facing the real existence of others gives me the ability today to be clear and open with a new person. It helps me to communicate more clearly in the language of the living encounter. Those past encounters so important to me take up the only "me" that I can bring to the new encounter. The present experience alters me, of course, and gives me a somewhat different self to take back to persons I have known before.

Unless I face the honest existence of "me" and "you" as persons, not as personages, I can't develop much skill in clear communication nor can I manage my own self-knowledge or skill.

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A LANGUAGE-LEARNING GROUP

Matthew D. Parrish, M.D.

At the U. S. Army Hospital, Frankfurt am Main in the fall of 1962, the psychiatry staff planned a language-learning group in accord with conversations I had had some months before with Dr. Charles Curran. We passed around a reprint of Dr. Curran's article on the group learning of languages by counseling methods. Most of our planning discussions were carried on by four people:

1. The chief social worker (Ph.D.) who had spent a tour in Europe during World War II, as well as a tour in Korea and Japan during the Korean conflict. He had gained a knowledge of Japanese quite adequate for traveling and living in the countryside.
2. The chief of clinical psychology (Ph.D.) who had spent a tour in Austria and spoke German passably. Incidentally, he was fluent in Ukrainian.
3. A staff psychiatrist (MD)—a native of Greece who had lived much of his life in Paris. He was married to a Swedish woman. He was fluent in French, Greek, and English but knew only a little Swedish and German.
4. I myself, a psychiatrist, had only come to Europe in September of 1962 but had spent a tour in Korea and Japan. My knowledge of Japanese was equal to the social worker's. I had also had some undergraduate and graduate training in classical linguistic theory. I had a fair reading knowledge of French and Latin.

Curran's Work

Prior to our conversations, Curran had carried on for some three years a series of language-learning groups lasting mostly one college term each. The groups conducted themselves upon group counseling principles--largely doing away with the teacher-pupil relationship. The leaders of the groups were called counselors. Supportively, they brought their clients to express clear personal feelings within the group encounters. To improve learning and to lessen anxiety they promoted cooperation among all group members rather than the traditional competition among students or between teacher and student.

The groups practiced four languages at once—German, French, Spanish, Italian and, of course, English. The group sat in a circle. Each client had a counselor at his elbow who was fluent in a foreign language. Each client inter-acted with the group only in a foreign language. In the early sessions he asked his counselor in English for the proper German (or other foreign) words to express his thought. The group, of course, heard client's English, counselor's German, client's German. Most of the clients and counselors were students trying to learn practical group dynamics and counseling skills. There was always at least one member who was highly skilled in group counseling and dynamics.

Standard tests at the end indicated that some clients taking this group course for one term learned as much of four languages as a control group in a normal college course learned of only one language.

Some Conclusions of Our Frankfurt Planning Seminars

1. Traditional pedagogy measures its value in terms of individual change, not of group change. Yet language is largely a group phenomenon; and individuals behave differently (linguistically) in different countries or families.

Individuals who once knew Swedish fairly well, spoke it poorly in New York; but on return to Sweden, Swedish almost immediately came back to them. Two of us could not while in Korea think of Japanese phrases for even simple greetings. Yet the minute we faced Japanese people in Tokyo, the words came to us. On European trains our observation of polyglot behavior had shown, for instance, that a German and a Swede speaking Swedish were constrained and formal. When they began to speak English, both became looser and more informal. When the same pair spoke Italian there showed deeper personal intimacy, alternating with a dramatic show of uniquely individualistic aggression and a demonstration of personal idiosyncrasies. During a survey by interview of our polyglot professional hospital workers, we found some workers who said that when they made love to their spouses in one language, the outcome was different and the time involved was different than it was when they made love in another language in which they were both equally fluent. (One of the languages was always English, German or French. The other might be Turkish, Spanish, Arabic or Greek.) Though it was only a minority which found such a difference in their intimate relations, depending upon the language used in the dyad, nevertheless we felt that even one such couple would be evidence that speaking a certain language could give a feeling of membership in a certain group and could modify behavior and feelings accordingly.

2. Pedagogy measures the skill or knowledge gained or lost in a course. It does not measure character change or any therapeutic effect. It apparently sees no equivalence between learning and therapy. Our experience as consultants to classroom and to teachers made us feel that one never occurred without the other.

3. To set up a protocol or a syllabus for conducting a course only binds the students to a pattern of behavior formulated by a person outside of their group.

This behavior eventually becomes inappropriate to the individual student's needs or to the consensus of the group. The group is likely, therefore, to build up some pressure of frustration, irritation, and alienation from the teacher and from the method of teaching. Thus the type of learning process will often alter in mid stream even though the same syllabus is retained and the same teaching methods adhered to.

4. If the group members can periodically re-negotiate among themselves the type of class they want to have, they will learn more but then the final content learned will be so uncertain that pedagogues will feel useless because they have no control over this outcome.

The traditional teaching method allows students at the end of the course to parrot back content pleasing to the teachers and then with a pre-set alacrity to forget 80% of that content. The teacher, however, feels useful. A year later the teacher says, "Standard measurements proved I taught them well. They just didn't retain much of what I taught."

5. Research, in trying to control some variables in order to compare and measure others, has some of this same traditional pedagogical effect upon a class. The class may learn what the psychologists can easily measure, but it may not learn what the students most appropriately need and want to learn. Nor does it learn at its optimum rate. Character change and therapeutic effects usually go unmeasured in any case.

6. We as a staff accordingly made up assumptions and rules which we knew would have to be re-negotiated as time went on:

Assumptions

1. No German word has the same meaning as any English word. It is misleading to try to encode German over into English.

For example, German and American school children taking notes at the zoo will come to the cage of a certain canine and both will write the word "wolf." Both students assume that "wolf" in German refers to the same set of feelings concerning the animal and to the same set of animal attributes as that word refers to in English. German boys, however, are often named Wolf. Such a boy's name is almost unknown in America. Germans think that they have for centuries heard and seen the wolf at the door and have lived far more closely with wolves than Americans have. If a German points to a wolf and names it, that does not mean he gets the same feelings and maintains the same connotations about the name or its object as an American does.

Another example: in Japanese, mizu means water. Atsui means hot. But my innkeeper could not understand me when I asked for atsui mizu. For mizu cannot be hot. I had asked for something as silly as molten ice. The English equivalent for hot water would have to be atsui ōyu.

2. The range of sounds that a German perceives to be a particular vowel or consonant does not correspond with the range of sounds for any English vowel or consonant. There is, of course, much overlapping; and a German will probably understand the English word "wolf" if only the "l" is changed to the German way of pronouncing "l". American students usually think it most essential to change the "w" to an English "v" sound in order to pronounce the German word "wolf." Germans will still fail to understand the pronunciation because those Americans have not assumed that the crucial "l" is also different from the "l" in English.

3. There are four completely different mental processes for apprehending a language, and thus there seem to be four distinct German languages to be learned--spoken, written, heard, and read. A person might speak German more fluently than he can hear it.

4. The group or class builds up its own store of sounds, utterances, and behaviors which coerce the language learning within the group. The behaviors may or may not coincide with the current usage in German society. There may be accordingly a unique "language of our group."

Rules

We formulated tentative rules out of Curran's ideas and our own experience. We deleted or added some in the first group sessions. The following "rules" survived:

1. The client slavishly imitates his counselor's expressions.
 - a. He imitates first the pitch pattern. His talk may then be similar to baby-talk. He does not know how many words he is saying. He does not know where one word ends and another begins, or indeed if there are even such things as words in these utterances.
 - b. The client imitates the vowels and consonants in a German fashion rather than in an American fashion.
 - c. He listens for permissible variation in the pronunciation of those German sounds.
 - d. The client then begins to memorize phrases--not words.
 - e. Lastly, the client learns a word as an idea represented by a collection of sounds which may be moved en bloc from one utterance to another.
2. The basic seating arrangement of the group is a circle with counselors at the elbow and slightly behind their clients. This, of course, may be changed after the first session as appropriate to the group. As time goes on, the clients may not need a one-to-one relationship to their counselors. There may then be fewer counselors.
3. The group meets one hour a day, five days a week on off-duty time immediately at the end of the hospital's day shift.
4. Only German can be spoken or responded to in the group talk.
5. Any language can be spoken or responded to between a client and his counselor.
6. The client should risk everything linguistically. He should begin sentences which he cannot expect to finish properly. The counselor will help him.
7. The group handles social and business situations in the outside world. For example, it engages in bus rides, hikes, theater, restaurant, officer's club, swimming, birthday party.

8. An individual may study grammar ad lib but only outside the group.
9. The group must avoid the strong tendency for an individual client to get his personal difficulties in German ironed out in private with his counselor by detaching himself temporarily from the group. (Our group often had to start out afresh after counselors and clients drifted into these non-group and often non-emotional ploys.)
10. The major private time between counselor and client should be in telephone conversations after two or three weeks of group sessions.
11. The group should try quickly to get away from the first day's procedure of having the client translate his English thought and words into German. Rather, the client should learn the German phrase which goes with an event. The event must be seen with German eyes and German moral attitudes. The aim is to think, speak and solve each situation by using German thought only. Clients may later translate from German to English if they wish, but not from English to German.
12. The group must avoid following a syllabus or language textbook until the group has learned conversation well and wants then to proceed to learn literature. At that point the group might read a play together, or perhaps put on a drama.

These rules were essentially followed from about December 1 to February 15. Even Christmas only caused the loss of two sessions. After February 15 the sessions were cut to three per week. In April they were cut to two per week while the members read A Doll's House in German. Each client took a different character of the Ibsen play and acted it out as he read it. By the end of the summer, with the play finished, the group went to see a German performance of the same play. At that point after nine months together, the class ended.

"Gimmicks"

The following gimmicks were useful in learning:

First session--"20 questions." One client would think of an object, and the others were allowed twenty questions to find out from him what that object was. The questioners would usually try to classify the object first as to animal, vegetable or mineral kingdoms and then go on from there.

Second session--copies of a daily German news "scandal sheet" were distributed to members. One member read the first sentence while his counselor corrected him and translated. The second member read the next sentence, and so on.

Third session--20 questions again.

Fourth session--the group sang German children's songs from papers previously distributed.

Fifth session--the group found it necessary to abandon German and speak in English as they straightened out their inter-personal conflicts, the group processes and their difficulties with the "method and syllabus."

Sixth session--the group created a story. One member made up the first sentence. The second member added the second one and so on until the story came to its ending.

Other gimmicks were found useful through the ensuing weeks:

(1) Talking on the telephone gave the clients a type of confidence in German they could not obtain from the face-to-face conversations with their counselors. Clients found it much easier to speak German on the telephone than they had at first imagined. Clear enunciation necessarily developed. Later, with their counselors, on an extension phone, the clients called up restaurants or other businesses and had conversations with strangers. Usually the counselor did not interfere.

(2) In group sessions the counselor would tell a complete story in German. The client would then tell it in German in his own words.

(3) The counselors would use their clients as ventriloquist's dummies. The counselor would whisper 'n German to the client, who would then speak those German phrases to the other member. Sometimes neither client understood the words, but usually responses were good. While the clients were speaking, the counselors would make appropriate gestures to go along with the words.

Composition of the Group

Counselors: Five women and one man. All were clerks or secretaries except the man, who was an obstetrician. All were native Germans except one girl, who was English but had lived 12 years on the German economy. All were perfectly fluent in both English and German. Age range: 19 to 35. Clients: two psychiatrists, one psychologist. All were native Americans except one psychiatrist who was Greek. Age . . . : 35 to 45.

Regression in the Service of Learning

The first session seemed to be an average group of adults trying to learn, but by the end of the third session, the clients had regressed emotionally to about a two-year old level as long as they were speaking in German with the group. The clients spontaneously began to address their counselors as "Mutti" (Mommy) or as "Fatti" (Papa). From this linguistic age of about two years they then slowly matured in their ability to express themselves emotionally to the rest of the group in German at a level of three, four, and five years of age. It appeared to each client at "age two" that his only connection to the little world of the group was through his Mutti. Without her he was helpless. The counselor tended to speak for the client and to face the world for him as well as to support him in his own facing of the world. This linguistic aspect of "mothering" seemed almost instinctual in the women counselors--as if they had

been trained from childhood to teach children proper language. We had found this true also in the Far East with seven- and eight-year old girls who pridefully taught us basic Japanese or Korean. Female dependents and nurses also asserted frequently that women, young or old, taught them language more carefully and properly. Men tended to teach a more slangy language with less attention to correct pronunciation. This was valuable in later stages of learning when the client wanted to be proficient in dialect in transient colloquial forms or in man-language.

The client often said that he was really facing the world in the counselor's way and not in a uniquely personal way of his own. To a large extent he lost his old (English) self. This regression produced, therefore, a strong feeling of dependency on the counselor, as well as a feeling that he was a possession of his counselor. He at first developed a feeling of deep tenderness and affection toward the counselor, but this in a few days became mixed with resentment and negativism in which the client would oppose the counselor and go off linguistically on his own. Usually he would fall on his face and come back abjectly to his counselor. The learning process seemed to awaken the client's primitive two-year old feelings of need and love for a mother (perhaps very appropriately here). These feelings transferred onto the counselor. The counselor in turn developed a counter-transference toward the client. She treated him affectionately and somewhat managerially as if he were her own child.

As the relationship between counselor and client matured, the feelings became more like those between brother and sister. Still later they became more like those between colleagues. This was symbolized by the positioning of the members within the group, which spontaneously changed as the days went on:

At the first session counselors sat slightly behind and to the side of the clients (Fig. 1). By the fifth day, with the discussion of group dynamics and the revision of rules, the counselors moved up to sit beside the clients in the same circle of chairs (Fig. 2). One counselor, for instance, had sat on a sofa slightly behind her client's chair; by the fifth session they were both on the sofa together. There was at this point still a feeling of tactile comfort derived from the closeness with the counselor, but there was no eye contact. The communication was by manual and postural gestures and by voice, sometimes by very softly spoken voice. On the eighth day the counselors began to sit diametrically across the circle from their clients (Fig. 3). But the mother-child bond was now so well established that a special relationship was maintained between the pair. Communication now was largely by means of eye contact. It was no longer by means of gestures within a close body space--gestures which almost amounted to touching. Neither did members whisper now nor talk in a low voice. The voice was always audible to the group as a whole. Accordingly, there was not only much more intellectual activity, but more arguments and feelings projected themselves from the gut across that distance rather than merging into the feelings of the person at the elbow. From the ninth session on, the group ate weekly in the officer's club at a special table. It conversed with self and waitresses in German. On the 21st session, the group went out at night to a German restaurant. The members sang songs with the other customers in the restaurant and carried on a good deal of social conversation with strangers. By this time counselors were easily interchangeable from one client to another. In the first

few sessions this interchange had been attempted but didn't work well because of jealousies which some of the clients described as a feeling of sickness and deprivation.

In mid February a woman social worker joined, bringing the number of clients to six. Two of the counselors dropped out at that time, and the group proceeded on the basis of comradeship rather than the early family feelings. Some clients then recalled relationships they had experienced as teenagers in boys' gangs and high school social functions. By mid March, the relationships seemed to advance to those of equal colleagues, all of whom had considerable respect for each other. This relationship continued through the summer when only one of two counselors came to the group as it read A Doll's House.

The Struggle Over Structure

The clients in their fall planning meetings had decided never to resort to textbooks, grammars, nor any fixed syllabus for learning the language. Nevertheless, after the group sessions were under way, most of the clients clamored for more structure. They wanted assignments from a textbook. They complained that the slavish imitation of the counselors' speech was making them lose their own personalities and sometimes making them feel silly, sissy or else too rude and rough in the way they pronounced (correctly) certain German sounds. They admitted that more structure would not improve the speed or correctness of their learning, but structure, they insisted, would make learning more comfortable. About once a week the group would break down into a discussion about structure or about the emotional pain involved in learning German by this counseling method.

The first revolt against structure occurred at the fifth meeting. Except for the Greek psychiatrist and me, all the clients argued for the adoption of classroom methods or at least for group reading from a programmed textbook. All the counselors, however, argued against such structure. The group asked its counselors to tell how they had learned English (or German).

The English girl said, "I only learned German when I stopped translating from English into German in my head--because the order of thinking is different. If you learn a German phrase that goes with an event or a situation, then you may later have to translate from German to English if you want to know the exact English for it."

A German born counselor said, "I learned English in England by hearing nothing but English for 16 months. In ten months I was thinking in English. Some people, of course, do it much more quickly than that, but I was a little 'shy.'"

Another German born counselor: "I learned English in England after taking four years of it in German schools without ever learning to speak it--by hearing whatever was appropriate to the situation where I worked--not simple phrases, not in small blocks at a time, but the natural flow of the language. For a long time I seemed to learn nothing. But in a few months I got the full flow of it pretty suddenly."

A third German born counselor: "I learned English as a child...about age 10...from hearing the Americans who came to our house every weekend. I just listened and got the feel of what was said without really hearing any English word. Later I started to talk back. I talked a mess. I began sentences I could never finish. But I finished them anyways--in a mess. I would try anything in English."

By April, of course, the "structuralists" finally won out. At that time the group began to read A Doll's House and all but two of the counselors dropped out of the group. All the members admitted, however, that they had learned a conversational and emotionally expressive German much more extensively than they could have learned by a classroom method.

Further Experience of the Staff

Because of scheduling difficulties in Frankfurt we could not consummate our group attempt to teach four languages at once--Greek, French, Turkish and Arabic. Our planning sessions, however, led us to think the addition of non-European languages would give the clients a better grasp of the comparative structures of languages and cultured human thoughts. It would also make easy an enlightening sort of role change as some counselors became clients. The close study of any European language and culture allows an American to broaden his personal identity to such an extent that the foreign culture no longer appears alien. Curran and his followers found that the concurrent study of four European languages produced the easy feeling that all men were brothers. When Asian languages were introduced into his group, however, the differences in thinking were so great that his clients could not surmount them. Our own staff's experience in the Far East had led us to believe that the cultural gap could be surmounted; but in doing so, the clients would hardly conclude that all men were brothers. Such a conclusion seems to be a pan-European delusion. Rather, the client would more likely develop a respect for his European self equal to his respect for his Far Eastern self--his Far Eastern ways of thinking. Further experience in America, Japan, China, and Vietnam has led us to believe that it is relatively easy to learn European languages (in or out of groups) in Europe where there is an expectation that the educated man can speak more than one language and that his thought and reasoning resources are improved by such knowledge. The greater breadth of thinking resources available through knowledge of more widely different languages seemed more easily obtained in the Far East--in Vietnam with French, English and Vietnamese, in Taiwan with Japanese, English, Mandarin and Taiwanese. (When I visited medical clinics in Taipei I found it was essential for the working staff to be fluent in four languages.)

It seemed that the teaching of languages by group counseling methods, then, might best accord with the following principles:

1. Four languages are taught concurrently.
2. During about the first 20 sessions there is one native language counselor for each client. Later the numbers of counselors can be much reduced.

3. The group should avoid the use of syllabus or fixed teaching methods until the clients have gone through their course of regression and have reached some emotional maturity within the foreign language. At that point, a formal literary approach might be used.
4. There should be one linguist-group counselor in the group, or else one linguist and one group counselor. The linguist should have an understanding of the problems of language structure and the difficulties of each kind of native in attaining the proper pronunciation of phonemes and pitch patterns within a foreign language. The counselor should have an understanding of transference phenomena and group dynamics. He should be able to measure group as well as individual progress. Both linguist and group counselor should fuse into the group as members and not maintain the irritating one-upmanship that is found in some unenlightened "client-counselor" relationships.
5. All counselors should act also as clients in the same session and should themselves learn a new language. This helps to maintain the closely human equal-to-equal relationship in contrast to the fixed teacher-student relationship. Members can easily shift from the equal-to-equal into a dramatized teacher-to-student, boss-to-worker, or seller-to-customer. If members must, from the beginning, maintain a teacher-student relationship they find it harder to make a shift of roles in the service of learning. Clients usually become content with a smoldering hostility and a continued alienation of teacher from student group. Teachers, on their side, excuse their rejection by saying, "Familiarity would breed contempt."

Reference:

CURRAN, Charles A., Ph.D., Counseling skills adapted to the learning of foreign languages, Bulletin of the Menninger Clinic, 25: 78-93, March, 1961.

② CLIENT

② COUNSELOR

FIG. 1

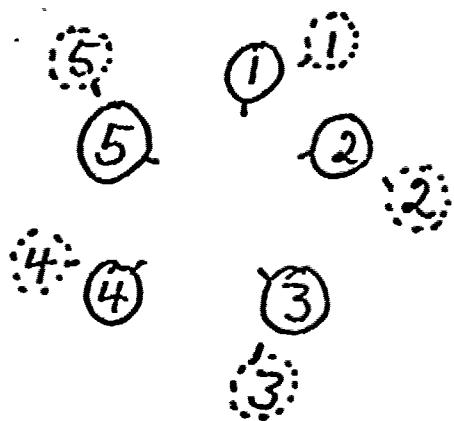


FIG. 2

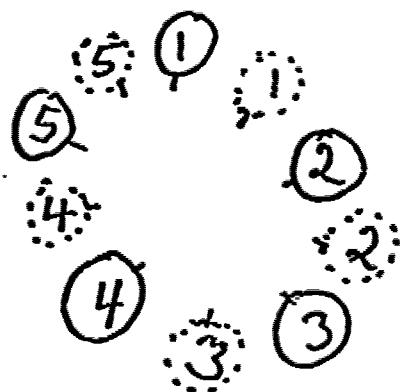
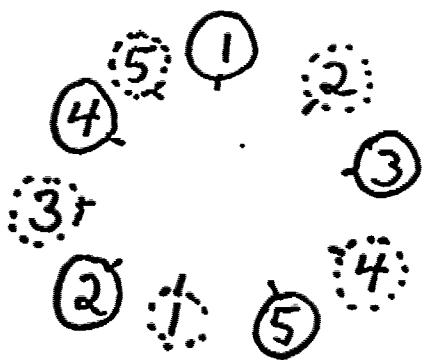


FIG. 3



Scu., 1972

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THE ADVANTAGES OF LEARNING LANGUAGES IN A COUNSELING GROUP

Matthew D. Parrish, M.D.

Numbered below are important differences between the learning carried on by traditional teaching methods and that described in the paper on the language-learning group as adapted from the work of Dr. Charles Curran.

1. The counseling group eliminates the teacher-pupil relationship. The client, in effect, hires his counselor. The counselor must perform or be rejected and there is no blame connected with rejection of one's counselors. The group, constantly revealing to the teacher the effects of his own attitudes, forces him to adopt teaching attitudes that fit the particular sort of modern student in the group.

2. The counselor obtains practice in getting people to fuse their abilities and to help each other learn. He brings into contact, by means of foreign language, all the genuine and immediate feeling among group members. He may make this group interaction easier by such methods as psychodrama, songs, mechanical puzzles, or simulation of catching a taxi. The counselor may have practiced these methods beforehand but he applies them only when spontaneously needed by the immediate group situation. He makes sure that members develop complete emotional expression and play out each important encounter in the full and natural pattern of its emotional part in the immediate life situation. For instance, he insures that all the members respond to the various nuances of emotional communication implied in a single member's request for help in solving a math problem. The counselor turns the group back to its task when it slips off. This group task may be an internal one resolving feelings among members, or it may consummate the group's need to face the external world with a common task--as the Frankfurt group did in restaurant and club.

3. Without fixed teaching methods or classroom structure impressed upon them, the members look automatically toward each other for help and cooperation in their work.

4. The members acquire more skill in visceral emotional expression within the foreign language, for the group learned not how thinking and learning ought to be performed in a foreign language but how they actually are performed in a real communication problem.

5. The members obtain skill to engage in social activities directly in the foreign language--not merely to encode English into a foreign language.

6. By translating thinking processes and the sense of self into one or two foreign languages the members develop broader thinking resources. St. Augustine and Descartes probably would not have fallen into the "I think, therefore I am" ploy about self-existence if they had been fluent in Chinese. For there is no necessity in Chinese thought-language for every action to have a causing subject.

7. As the client bettters his grasp of group dynamics he realizes how the group as a whole can do things with language or social behavior which the individual cannot do alone. For the group can divide roles among "characters." In addition, he sees how the individual within the group can understand and perform some things which he cannot in outside society. For the group develops some "microcultural" customs peculiarly its own.

8. Learning languages makes it possible to put on an "intergroup exercise" in order to learn more about group relations than would be possible without the various languages. These exercises (in English only) are a usual part of the Tavistock Institute's group relations workshop. Several groups in separate territories study their own intergroup behavior as the groups plan and execute cooperative projects. The groups learn a great deal, for instance, about the loyalties of elected representatives and the difficulty the group has in picking a plenipotentiary ambassador. That is, in delegating to one member the time-saving power to commit the whole group to any action. Language groups will, in addition, eliminate the difficulties experienced by members who emigrate into groups where they do not speak the language fluently.

9. The individual comes to understand cross-cultural feelings. He explores to what extent all men are brothers in spite of different languages, and to what extent even fluency in foreign language fails to unite people of different cultures.

10. He discovers the different learning problems among the four types of language--heard, spoken, written, read.

11. He sees the difference between the formal literary expressions found in the King's English, Hochdeutsch, or standard Italian, on the one hand, and on the other hand, in the local living reality of the underlying emotions in the speakers of those languages. Such emotions are often more openly expressed in Cockney, Sachsenhausen, or Piedmontese dialects. The members gain respect for dialect as emotionally useful communication in today's "global village."

12. A member's mind and heart do not learn one little item after another in a narrow track of one-directional time. Rather, he learns in several virtually simultaneous tracks. Some things he learns without being immediately aware he has learned then. He often does not know why he knows that a certain word means thus and so. A lumberjack, for instance, learns in many channels at once. He simultaneously acquires strength of muscles, skill in chopping wood, understanding the language of lumbering, judgment about how a tree will fall, and knowledge of forest ecology. In a four-language group, simultaneous mental comparison among languages teaches more about each language. A member is open to learning French even while speaking Spanish. He considers his learning of French a constant responsibility. Whenever a gesture or utterance in Spanish, therefore, can reveal something about French the member will learn that French significance. But he will not learn it if he isn't "taking" French in the group.

Psychologists have complained that children who learn Spanish at home and English in school become confused in their thinking. Curran's work did not bear this out for adults. This is contradicted also by interviews which we in Frankfurt occasionally had with NATO officers who were Greek or Norwegian

but who were learning simultaneously German and French. The same synergy of learning was manifested by American students in the "university city" in Paris, where they were exposed socially to several languages and learned them all simultaneously.

Implications for Universities

My discussions with educators revealed a modern trend toward omitting all language requirements for a bachelor's degree. This omission gives the student more leeway in planning an education which fits his own changing world. Nevertheless, it frightens language departments as they imagine their students dwindling away. The language-learning group revives language departments because it attracts young boys and girls who are interested in getting to understand each other's personal feelings and ways of thinking. Dramatized group language studies reveal these people to each other in certain social ways that even intimate dating practices would not reveal. Students also like the idea of learning more about themselves in spite of the heightened emotions involved.

Language departments nevertheless have the following objections:

1. So much cooperation would be required among departments of anthropology, English, psychology, recreation work, drama, and various languages that these departments would lose some of their specialized autonomy, as well as some of the control, prestige, and acclaim that comes from putting on a useful course of their own.
2. The average language teacher does not know enough about counseling to manage the transferences and counter-transferences which occur in the group. He feels he may end up with more scandal than education. Psychology and social work departments are confident of handling these group and individual dynamics but they know little about language.
3. Many foreign language teachers do not know enough about phonemics (the elemental sounds of a language) or the para-verbal communications (gestures and meaningful pauses or noises). The teacher himself uses these parts of language quite properly but he doesn't know how he does it. Consequently, he finds it difficult to teach it to others. Some language institutes such as the Defense Language Institute, have solved the problem by bringing in an anthropologically trained linguist to help with the teaching for two or three hours out of the student's 30-hour week of language class and laboratory.
4. None of the academic departments mentioned above has much practice in developing imaginative social and recreational activities among the members.
5. Since very few teachers know how to get students to teach their own peers, departments fear that a prolonged one-to-one matching of counselor and client will cost too much teacher time.
6. Some teachers have invested so much of their lives in developing skills within the traditional teacher-student framework that they think of the client-counselor framework as a total loss of their investment.

7. Awarding credits for the course could be a problem to most schools. They normally award credit for clock hours of classroom work. A language group which meets one hour a day for a semester, then, would never give more than five hours of credit whether it is in one language or divided among four. Nevertheless, a member may have learned each of four languages as well as he would have learned only one language in a conventional class which awarded the same number of credit hours. The language group members also learn a lot about counseling, for the group is just as much a counseling course as it is a language course. Testing at the end of the course could determine what sorts of credit would be given. Judging by the hours of actual learning he has gained, a member might receive the following credits for taking the group language course one hour a day for one semester:

German	3 hours
French	3 "
Mandarin Chinese	3 "
Japanese	3 "
Counseling and Group Dynamics (Psychology)	3 "
Recreation (Social Work)	1 "
Comparative Literature (English)	2 "
Linguistics and Culture (Anthropology)	2 "
Modern Teaching Practice	2 "

This sort of credit recognizes that people can learn simultaneously two or three different things; at least, the things are usually taught by different departments. For instance, a student translating the Old Testament from Hebrew to English would learn Hebrew, English, Religion, and Literature all at the same time. Of course, if he shut his mind to the literary and religious aspects of his work he might learn only language. The task of the group is to keep all learning channels open. More credit can then be given. Students love this. They can finish college sooner on emotional time, richly experienced, rather than on clock time at 3,600 ticks to the hour.

A group counseling-learning course in languages could serve as a cooperative project among departments with a view to decreasing instructional specialization and to speeding the education of "students" and "staff."

Conclusion

The language-learning group concerns itself with dynamic, fast-progressing "future-shock" education; with total mind-and-viscera involvement; and with a character change in both client and counselor. Most teachers should be able to acquire the necessary skill in handling the constant negotiations with clients upon the teaching process. They should handle also the transference and counter-transference phenomena and the role interchanging. Teachers might have to unlearn some of their ideas about syllabus teaching or pure content-transmitting. Hours in the group are lived in emotional time and not in clock time. Credit can be given for the skills that have developed as shown by testing and practice. Credit should probably not be given merely for time elapsed in successful study within a particular department.

LET'S TELL THE VET WHAT HAPPENED TO HIM*

MATTHEW D. PARRISH, COL, MC, USA, RET.**

The Alienated Veteran

Many writers are currently reporting that Vietnam veterans are developing depressions, delinquencies, and anxieties a few months after separation from service. I'll suggest reasons why some veterans must serve their country by thus "breaking down". First, however, we must note that today's veterans have certain special problems. Individual veterans have complained to me that the present G.I. Bill is not adequate to support them in school. Furthermore, they do not return from Vietnam accompanied by their units on parade, rather, the veteran comes back as an isolated individual already quite separated from the unit which was perhaps for a year the closest association of men he will ever know. Many people imply the veteran ought to feel guilty for being a soldier. The current scarcity of jobs also may reinforce a feeling that he is being punished. Some people like to believe the veteran is taking more drugs than other people and will corrupt the young.

But I think stronger and more fundamental social forces coerce the veteran.

The Mores Which Guide Investigation

If a certain fundamental assumption is in fashion in our times we will go to almost any length against logic and evidence in order to maintain that assumption. The ancients who felt a great need to consider themselves the center of the universe developed over the centuries more and more fantastically complex ways of explaining how the stars moved. Unwittingly they were trying to subdue the mounting evidence that man's earth was not the center of the universe. Likewise, the theory of evolution until recently has kept itself compatible with the theory of competitive economics of Darwin's century: whichever race survived in competition was deemed fittest. Spencer extended the idea to individuals. It simply would not have suited our needs to conclude that a weak and unworthy animal might survive in place of some noble and grandly romantic creature. There are many other examples of how "scientific" theories have been more guided by needs of men and fashions of the times than by any convergence of good evidence.

A fundamental assumption in fashion today is the notion that all war is an outrage against humanity. We must not, therefore, accept evidence which could indicate that there is any human value in military practices. The greater the number of soldiers who develop psychosis or prolonged neuroses during combat, the greater is the evidence that war is an outrage. If there were a prolonged battle in Vietnam which resulted in no psychiatric casualties, the first reaction would be to deny that such a battle could have occurred. Second, we would expect that there would be a delayed crop of psychosis a month or a year later. We all know that a powerful stress such as the bombing of London, the blackout of New York City, or the Tet Offensive in Vietnam will produce great fatigue and we expect some people to break down because of the stress. We are surprised if we hear, however, that the rate of neurosis or delinquency actually decreased slightly in those three grand stresses. For many months preceding the Tet Offensive the U. S. Army's rate of psychiatric evacuation out of Vietnam was about 2% of the total evacuations, that is, 98% of the evacuees were medical and

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surgical casualties. During the month of the Tet Offensive this rate showed a slight drop, thus:

November, 1967 -- 1.8
December, 1967 -- 1.6
January, 1968 -- 1.9
February, 1968 -- 1.2

(The widespread Tet fighting lasted almost all of February)

Now, when we consider the already low rate per thousand troops per year we find that the stress of the Tet Offensive caused this rate to increase, but of course, it increased nothing like the increase in surgical casualties. That explains the slight decrease of psychiatry's fraction of total evacuations. Thus:

November, 1967 -- 1.5
December, 1967 -- 1.2
January, 1968 -- 1.7
February, 1968 -- 2.4

In the 1960's the U.S. civilian rates of hospitalization for psychosis were reported from 2 to 3 per 1,000 population per year. This rate should be analogous to the army's evacuation in 1967 and for the first half of 1968; for only those patients presumed psychotic were psychiatrically evacuated out of Vietnam. The conclusion usually reasoned from these rates is that soldiers who have an important mission to accomplish and who are dedicated to that mission are much less likely to become psychiatric casualties than are the soldiers who are simply doing garrison duty. But this is an untenable conclusion for our times. Anyone knows that civilian young men should have fewer psychiatric casualties than garrison soldiers; and garrison soldiers should have fewer psychiatric casualties than combat soldiers. If the civilian and garrison rates are not vastly fewer, we may find ourselves indicating that some things about war are "good for people". Consequently, we must expect with all our might that the soldiers who are preserved from breakdown during combat must break down a few months later when they get out of combat. There is another very good reason for this expectation.

Hard-earned experience^{1.2} in World War I, World War II, and Korea showed the psychiatrists of every combatant nation that battle casualties without definite medical or surgical disabilities should be seen promptly by psychiatric workers close to the battle area. After treatment in the forward areas, lasting from a few hours to five days, the soldier is sent back to duty with the strong expectation that he can perform adequately. Experience in World War I, World War II, and Korea showed that given such treatment, psychiatric evacuations amounted to about 8%; in Korea about 4%; and in Vietnam about 2% of the total battle casualties. Now, this evidence indicates some outrageous conclusions: (1) it is possible that World War II was a more stressful and horrible war than the later wars and that Vietnam is the most humane, (2) it is possible that this short-term treatment is more effective than prolonged hospitalization or intensive psychotherapy. Since these conclusions are out of fashion, we must conclude that we simply have not examined the situation properly.

One corrective explanation was: the psychiatric casualties which should have occurred were hidden somehow in the medical casualties. Suspecting this myself in 1966 and early 1967, I frequently questioned the doctors on the casualty crowded medical and surgical services of Walter Reed and Valley Forge Hospitals.

LET'S TELL THE VET WHAT HAPPENED TO HIM

At that time, none of the doctors believed that there was any increase above peacetime percentages in the number of casualties whose major problem was really psychiatric instead of medical or surgical.

Only malaria remained a major suspect. In the fall of 1967, when I was in Vietnam, I found that there were a few units in combat which had inordinately high rates of vivax malaria (rates up to 600 per 1,000 per year). This form of malaria is readily prevented by good medication discipline in the field. Each soldier simply takes his chloroquin-primaquin pill every Monday. Other units exposed to as much malaria and to somewhat fiercer combat kept their rates of vivax on the order of 40 per 1,000 per year. Occasionally, too, an enlisted psychiatric technician or a Red Cross recreation worker would report from the convalescent center at Camranh Bay that certain malaria patients being sent back to duty would brag that they were going to catch themselves another case of malaria and return to this good hospital. Among Australian units in Vietnam, men were court-martialed for contracting vivax malaria. The rate of vivax was very low among them. It appeared, then, that vivax malaria rates varied with the quality of leadership and thus with the quality of staff relationships, among command, psychiatry, and preventive medicine.

A second explanation was: the psychiatric casualties which were not counted as psychiatric were hidden somehow in the rate of delinquency. During my year in Vietnam, there was pretty constantly one prisoner per 1,000 U.S. Army troops. In Europe the same year the average was about 5 per 1,000, and in the U.S. about 8 per 1,000. It appeared that even delinquency rates might depend on the degree of necessity for men to work on a common mission.

A third explanation of the low psychiatric rate is: the brief psychiatric treatment in Vietnam merely suppressed the symptoms of neurosis. These symptoms should reappear after the soldier left the mission-dedicated combat soldiers and their military psychiatrists. One had to expect, then, that soldiers would break down some time after returning to the States. There are several reports that show this may now be so and that veterans are becoming dissatisfied with their jobs and home life, developing depressions or delinquencies about six months after discharge from the service. This has been named the "Post-Vietnam Syndrome". Under the medical insurance and the Veterans Administration rules, a disease cannot be paid for unless it has a name. However, in the case of some psychiatric diseases there is experience to show that the disease may not be brought into existence at all unless it is given a name. Some psychiatric diseases went completely out of style, such as "shell shock" and "neurocirculatory asthenia", and finally we dropped the names. If Post-Vietnam Syndrome can become a compensable disease, however, it may somehow help to prevent outrageous and horrible wars. We must expect very hard, therefore, and diagnose very hard in order to get those veterans as sick as possible.

Soldiers Are History's Tools, Not Its Makers

When a North Vietnamese soldier shoots a South Vietnamese soldier there is no historically significant message between two soldiers, rather there is a message between two nations. Similarly, when I shake hands with you, there is no socially significant message between hands. It is between whole persons. Soldiers, then, make physical contacts for the people who constitute the nation. Soldiers are both personal and official mouthpieces to foreign nations. In domestic disturbances soldiers may also be used to demonstrate or enforce ideas which the nation needs to adhere to. Thus they may demonstrate the rule of law, white supremacy, flood control, and proper drug usage. Soldiers become accus-

LET'S TELL THE VET WHAT HAPPENED TO HIM

tomed to demonstrating acts or symptoms or other sorts of communication on behalf of large groups of people which the soldiers represent.

According to Claude Brown³ and other writers on Harlem, marijuana abuse became extremely prevalent in Harlem right after World War II. From there, the high style of pot smoking spread to other black communities, and eventually to the white suburbs. Some years later, heroin became rather suddenly popular in Harlem and later spread to other black communities and to the white suburbs. In Vietnam, marijuana became prevalent in 1967 but heroin was of little consequence then. Suddenly in the summer of 1969, heroin began to be a great problem. Nevertheless, the people of the United States, in their press and in their complaints to Congress, maintained during 1970 that the returning soldiers from Vietnam were bringing marijuana and heroin to the U.S. and establishing a new styl: of drug abuse in this country. This is an example of how soldiers render service as the tools of history.

After all, we citizens must regulate this country's history. We must tell the veterans what has happened to them. We as elite experts must tell them that they have the problems which their society needs them to have--problems like "impacted guilt". We must be particularly careful to reinforce for them any spark of symptoms which we would like them to manifest strongly. We must ignore any of their narrative which makes us anxious by interfering with our moral assumptions.

Now, what threatens us most about the veteran? One possibility is our fear that he might have "gone native" or somehow changed his basic tastes and assumptions and, most frightening, his feelings might infect us, might change our basic assumptions of our way of living. Asian religions, attitudes toward women, tastes for certain strange foods, Asian languages, etc. are best left in Asia. They can be very threatening to our assumptions about life. We know, for instance, that proper medical care and the relief from poverty are becoming rights for all people. But these rights are only for the American people. We cannot afford to include in this concept the people of Asia, Africa, and South America. If they shared equally with us in the total wealth of the world, then the American standard of living would decline. This is another reason we must extinguish any ideas that veterans may gain concerning the rights and needs of Asians or the need for Americans to experience Asian living. Veterans complain they can talk only to other veterans about such things. Non-veterans disengage from them. We must withdraw all young Americans from Asia lest the Asians become more excited about getting to live the kind of life our men and women have known in the U.S. These foreign people should be a market for us, not a social influence upon us.

Consequently, we must tell the veteran what he has experienced and help him to forget it.

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USES AND MEANING OF PERSONAL INDIVIDUALITY

By M. D. Parrish

1. Evidence for personal individual existence.

- a. For centuries, men in the West have talked respectfully about the individual as if he existed uniquely--just as everyone thought God existed. The idea of individuality was fairly well conceived and we all assumed that if the idea had a name and we could consistently manipulate that name among all other names and words, then individuality itself must certainly exist. We were less open about that, however, than was Lao Tsu¹ who said, "Names are the mothers of the 10,000 things."
- b. St. Augustine² and Descartes³ said essentially, "I think, therefore I am." They argued that if a philosopher sat down and doubted everything he could possibly doubt, he would realize that since somebody is doing some doubting the somebody must exist. If the idea of existence were false then the philosopher who had that delusion of existence would nevertheless have to exist himself in order to have the delusion.

2. The fallacy of these arguments for individual existence.

- a. Whorf⁴, among others, showed that once a word was assigned to an object, people acted as if that object existed as named rather than as their original experience might have shown them. For example, used gasoline drums marked "Empty" were considered no fire hazard because they contained "nothing." Actually they contained gasoline as a vapor and were often the cause of explosions when the name "Empty" led workers to be careless. The existence of a name for an object proves only that the object of that name exists in the realm of thought. It does not prove that there is an individual producing that thought. Certainly there is a concept called individuality but a body possessing individuality does not necessarily exist simply because the concept or the name exists.
- b. Satre⁵ said that Descartes' "I think" does not mean "I have an awareness of this chair," but rather, "There exists an awareness of this chair." Ayer⁶, referring to Descartes' cogito ergo sum (I think, therefore I am), said that cogito must not here be understood as "I am thinking" but rather as "There is now a thought." If the -o ending always proves the existence of the thinker, then non cogito would prove it as well, but the occurrence of a single thought does not imply any chain of thinking has gone on through enough time to constitute an entire individual.

I think St. Augustine and Descartes were caught in the clutches of Indo-European grammars. These grammars set up sentences in which every action must have an agent. Thus, we say, "It rained," even though nobody knows who "it" is. Some American Indian languages can simply say, "Raining," and make complete sense. The Japanese say, "Ame ga futte imasu," which means "Concerning the rain, a falling exists." It is easy for the Japanese language to express the idea that raining or thinking is going on without at the same time implying that any agent is producing these phenomena. They are merely occurring.

c. Some people in their utterances depend more on the existence of the "first person" than others do. In the Japanese or Chinese languages it is possible to speak all day without mentioning any personal pronouns. Western children, and sometimes schizophrenic people, will refer to themselves by name, saying, "John is hungry," rather than "I am hungry." The formal military language also contains such phrases as "Would the captain like his car now?" This eliminates the "you" from the conversation. We may feel the first or second persons are assumed in these languages but they are certainly toned down as responsible agents of actions or of conversations.

3. Three views of personal individuality.

- a. The first view: A possible interpretation of Aristotle⁷ or Spinoza⁸, for instance, may conceive the individual as a set of attributes such as a certain form, a certain set of clothes that are usually perceived as surrounding the body form, a certain set of gestures that accompany the body form, a memory pattern associated with the body's experience, and a certain power of reasoning. All of these qualities are attributed to a self. The self may be considered as the sum total of these attributes. This is the way I believe Aristotle would define an object or person--as a collection of attributes. John is a six-foot, 200-pound, 25-year-old man who speaks Spanish, works as a clerk in the First National Bank, and is married to Joan. In terms of mathematical sets, Aristotle might have defined an object as, "An intersection of various qualities." This kind of self is a "what". Scientists often like this definition of self because it provides many measurable attributes which can be observed. This kind of self can easily be circumscribed with a boundary. Inside the boundary lie all these attributes and qualities of the self. Outside the boundary lies everything that is not this self.
- b. The second view is understandable from St. Thomas⁹ and from among the varied conceptions of the latterday existential thinkers.¹⁰ The self or "I" is the act of making choices. This act is the very existence of the "I". This "I" is thus a process moving through time. It is not a "what" but a "who", an actor and a thinker. It has no qualities such as are ascribed to things and stuff. I exist as long as this who-ness continues to choose and to act. Even if I lose my job, my kinfolk, my reputation, my skills, etc. I still exist as a pure process of choosing. All I need is some time and a body (with its sense perception and a bit of memory) by means of which to make choices. Though Sartre, for instance, asserts that a person is his choices, Sartre still maintains the unnecessary separation of subject and object demanded by European grammars. The choosing is done apart from the objects among which choice is made. There is still a viewpoint. The subject views phenomena as if from some distance. The "I" does not infiltrate its world and become integral with the natural phenomena themselves. Judges, psychoanalysts, and existential therapists like to conceive the self as "He who chooses" because this view pins responsibility on an isolated individual. It keeps all other individuals and groups free of responsibility and allows judges, doctors, clergymen, etc. to assume a different status from their clients. One can hold to account such a responsible self in others. Even if the decision for my punching a

policeman today came to me out of a group consensus, and even if other people derived most of the benefits from the punch, still those others would be more comfortable if they could see me as the isolated chooser who formed an intent to hit the policeman. Because this kind of self is so easily isolatable from all the rest of the world it may be conceived as occupying a separate location. It can hardly have boundaries, however, since it would contain nothing inside its boundaries except the pure motivator of action.

This concept of self is characteristic of monotheistic thinkers. Such thinkers are accustomed to consider that all power and all responsibility ultimately lie with a single God. They impute an analogous sort of responsibility to the heads of government, families, etc., down to the master of one's own behavior--the "I". Polytheistic thinkers are not so likely to pin such inner responsibility on any one person. They are accustomed to dealing with phenomena which are the resultant of the varied whims of many devils. They can even conceive of a whole group or family as having responsibility and the power to act as a total but single organism. This polytheistic thinking is distasteful to the "humanists," who are anxious for individuals, including themselves, to be respected as something akin to prime movers.

- c. The third viewpoint is akin to the second, but it eliminates the assumed necessity to choose and think as an isolated agent. Certainly the average person doesn't feel that a mere assembly of attributes defines him as a unique individual, different from all other individuals. As William James¹¹ implied, he usually thinks that his personal emotions are outside of any assembly of attributes. In fact, he seems to believe that his true self is not the attributes but the possessor of the attributes. All these attributes are predicated of some inner self which is different from the aggregate of the attributes themselves.

Now, if I peel off my possessions as I might peel an onion I should eventually get down to the very kernel of my self-ness. I would get down to the "I" which possesses all of my attributes--the "I" to which all my qualities are attributed. I could start with my car and say, "The car is not 'I', it is only a possession of the 'I'. My house is also a possession, so is my wife, my children, my clothes, my skin, my memory, my language, my thinking, my processes of choosing or calculating, the awareness of which makes me feel so alive and present to the world. The 'I' which is the possessor of all these things or the performer of these acts which I have now peeled away--this 'I' remains as a feeling of personal existence, an existence I am subjectively certain of. I believe in my own heart that this 'I', this possessor and actor, does indeed exist. I have no evidence that it will ever cease to exist. I believe, of course, that everything else in the world does change and eventually ceases to exist, but I feel with certainty that the 'I' is the same 'I' it always was. I don't know when I began--that is uncertain and vague. I can remember very little before I was three years old, but I presume that even when I was one-year-old I was this same 'I'. My attributes were then somewhat different attributes from what 'I' possess today. Those days seemed longer, I cried more easily, I had a distaste for spinach but I liked teddy bears. Since my memory is only a later possession of 'I' it may well be that 'I' have existed through all time."

Now, from talking to other people I have become pretty certain that everyone feels the same subjective certainty about the existence of this inmost "I". Some persons have surrounded their "I" with one set of possessions, attributes, or potential acts; others have surrounded it with another set. These possessions and acts serve to give different images to the person. One may be a thin, blond girl, another may be a fat, dark man, but the difference between them is due to the attributes--including their behavior. It is not due to the quality of the "I". Since the "I" has no attributes and is not itself a muscle or brain, it is not distinguishable from any other "I" in the world. It is like a Euclidean point which has no parts. As far as we can tell, this one attribute-less point-of-existence--this subjective certainty that I exist as unique and personal--is felt in exactly the same manner in every human being. For all I know, there may be an exactly similar feeling in porpoises and ants, but because of poor inter-species communication we are less sure about that than we are that all human beings have this feeling of being "I". If this "I" is identical in all human beings, then it is just one thing: there is only one "I", one inner personal self in all the human universe. We could call this the "human self," or better, the "inmost point of human self."

In other words, when I move in thought from those things which are less closely connected to me (house, daughter, reputation) toward those more personally and permanently my own (knowledge, memory, emotion, sense of unique existence) I eventually find myself identical with a point which is indistinguishable from what you would likewise describe as yourself. My self-point is identical with your self-point. There is no proof to show that there is in the world any more than one such self-point or "I". Every person may contain it.

Somewhat similar thoughts have been expressed by Schroedinger¹² and in some ancient Hindu¹³ thought. The self-point can be conceived of as a "world soul," as Brahma, of which the Atman or personal soul is simply the individual's perception in himself of the single world soul. This kind of self is not a "what", for it contains no substantive attribute. It is not a "who", because it is not distinct from other human "whos." It cannot be pointed to. It is neither a thing nor an actor. This self is like an infinitesimal moment in an act. It occupies no time and no space. It is no-thing, yet its existence is felt with certainty by every human being.

On the one hand, this point of individual being has no distinctiveness, no uniqueness. It performs no acts, it does not change. On the other hand, those layers of attributes which surround this point or "soul" have a distinctiveness--a peculiarity as to qualities of thought, of perception, of memory, of physical appearance, clothes, name, family, house, territory, or whatever else belongs to the individual. Similarly, the active "I" (described in [b] above)--the self-as-process--as ever changing acts and feelings coursing through time--also has a distinctness, a peculiarity. It is a chain or a process of making distinct choices.

Concerning my unique individuality, then, I have to make one or both of two choices:

(1) Certainty of unique existence just as I sense it, but undifferentiated from all the rest of mankind. That uniqueness is the uniqueness of the world soul of mankind itself. It is denied the sense of being a subjective process of

performing any particular course of action or choosing unique to me. Whatever sense of certainty I have about my own sensations and my own thoughts is the same sense of personal certainty that everyone else has.

(2) Separateness from all other people but no uniqueness. In this type of self my individuality can only arise from a collection of attributes or a process of acting. Peter might attain one or two of these same attributes or courses of action. Paul might attain another two or three. I happen to live at the intersection of an improbable combination of attributes, like the finite combinations of line patterns which make my fingerprints. Though every such pattern, like every particular deal of bridge cards, is improbable, the combination in itself does not imply the certainty of unique personal individuality.

The human inclusiveness of the self as the world soul in the first choice above makes it unattractive for judges or most therapists of individuals. The observer is included with the observed. There are no boundaries around separate souls because there is only one soul. Such a concept does not allow the development of feelings of guilt--the feeling that there is something wrong and rejectable about my inmost point-of-self existence. It does, of course, allow for plenty of humiliation and shame to occur around the qualities of appearance, skill, memory, etc., which set me apart from the qualities of other people--though each quality lacks the feeling of uniqueness in itself.

Most Western individualistic therapy tries to strengthen the boundaries around a person--to strengthen the ego's management of those boundaries and to make him feel personally responsible for his choices. Yet at the same time, therapy tries to lessen guilt. This is a hard task. The Eastern therapist--who is likely to be a Buddhist temple advisor or a Confucian wise man related to one's extended family--deals with the actual social situation, which includes the client. He doesn't deal with inner guilt. This close attention to the external social situation brings concern with immediate feelings of humiliation or shame but not with built-in feelings of guilt which in the West would have a life outside the surrounding society.

To repeat these methods of perceiving the self in a slightly different way: first, I am an assembly of attributes which contributes to my choices. These attributes and their behaviors together will define me as an "almost unique" self, like a fingerprint. Second, I am a process of choosing among actions and of selecting part of my own sense perceptions and emotions. Third, I am a kernel of pure self identity, a "me" which possesses the choosing power and possesses all those more outlying attributes, but this kernel is the same as your kernel.

Now, the altering of the more external layers of attributes which help to determine a self can, with education or behavior modification procedures, change an internal and intellectual "you" and bring you to a kind of thinking and feeling which you were formerly quite incapable of. If I considered only the external appearance, I could see you as an object or as a machine to be programmed, coolly and objectively, but when I think of you in the first manner I understand that in your most private internal self you are exactly "me"--nothing else but myself. I may get angry or discouraged at the attributes and behavior over there with the "I" called "you". An irritating attribute which is an external layer of "me" over here may make me angry at this same aspect of me when I see it over there

in you, but no matter how angry I may get at these problems I am still ultimately getting angry at myself.

On the other hand, if I sit down with you in the deepest empathy and feel as you do the problems and fears that beset you, I do not get lost in the same state of ignorance or immobility that you are in, nor do you get lost in mine, for we both realize that the point which is "you-me" has two sets of onionskin layers of attributes--yours and mine. These attributes proceed outward from the same you-me point but in different directions. These sets consist of one pattern of choices, memories, reputations, children, etc. gathered over the years that "you" have lived, and on the other hand they constitute another pattern which were gathered over other years and other places where "I" lived. Teaching or therapeutic processes between us bring about change in both of these sets of attributes. But the single you-me kernel of self-awareness remains unchanged.

There is no inmost self separate from all other intimate inmost selves which can therefore line itself up in competition against some "other selves." Competition only occurs among the attributes. Change and death occur only among the attributes. If I kill you I change your attributes drastically--your behavior, appearance, memory, etc., but as for the feeling of certainty of self-existence, your self has not been extinguished, for it still exists as myself. Murder is a matter of changing the other person's attributes, not of changing his self-point--unless I murder all people...all sets of attributes which are associated with awareness of existence.

Just as there is no competition among the "inner selves" there is neither competition nor cooperation between a "you" and a separate "me" to better order the possessions around me. There is only one you-me--the point-self which is the human self. This self in its outer possessions has variations in different directions--various bodies, various houses, various children, etc. Competitions, courtships, wars, negotiations, all these things are merely peripheral possessions of the ultimate self, possessions which may be very transient. Nevertheless, the middle class American sees himself as fighting for survival. He believes that what survives is his individuality. The fittest individual survives the longest. He does a lot more than just survive--for he develops many poetic and creative thoughts and he contributes to the life of others--but he is often preoccupied with self-survival. Competition with other human beings sets off one person from another. Along with anger and violence it defines the boundary between the "me" and the "not-me." It develops my identity. The other person contains qualities which do not belong to me. I have gathered unto myself by hard-won struggle a set of attributes characteristically my own. But in the World Soul concept of individuality they are only attributes, they are not "me."

V. THE EFFECTS OF VARIOUS CONCEPTS OF INDIVIDUALITY

When we make alcoholism a disease instead of a crime or a character problem we decrease the intensity of the alcoholic's illusion of personal individuality as a character detached from others. He says, "Well, it's not my fault. It's out of my control. I'm sick, I can't be blamed but I will help my friends in trying to get me over this sickness." Thus, by decreasing the personal ego, we hope eventually to make it stronger. We do not aim at making the ego regress into a dependent position. From the first, rather, we expect the alcoholic not

only to take charge of himself more and more but also to help others. He changes his attributes (his habits, his tastes, his associates). At the same time, he gets rid of the illusion that he has a personal individuality which is so uniquely different from that of other alcoholics that he can make choices about alcohol which they cannot.

But what happens to society if the individual's deepest private self is the same self all other people share and is at the same time an assembly of attributes exterior to that self? For then we cannot pin criminal guilt upon the criminal's self. We hate that "criminal self" more than we hate a mere acquired or inherited quality of the criminal, but that self is ourselves. The criminal acts for us. One way to control crime is to control ourselves--control society itself. We must abandon our attempts to control a particular criminal self, to make it guilty, etc. Another way to control crime is to modify behavior and other attributes of the criminal, the child, or the student. While modification of one behavioral attribute changes other parts of behavior it does not change the person's inner self, which remains the same as "I" and is in a sense divine. If people receive rewards, however, just for having that inner divinity--receive them without their being contingent on behavior that fits some cultural norm--then those people never develop a cultured pattern of attributes. They retain the divinity of an anencephalic child but they also have his uselessness to mankind and to his own life.

If a child has the grace (or the luck--to use a non-theological term) to be born into a definite culture and if he has the potential to benefit from that grace, then he develops into a full human being. Many consistent attributes become predicated of his inner self and he is a normal human being--divine at the center, good and bad at the edges. This is reminiscent of St. Augustine's¹⁴ notion of grace and free will. God (or the culture), unasked, bestows the important attributes. The free will of the individual merely accepts them, it does not choose them. Largely, it is other people representing the culture who choose for him. They program his chooser and then they present it with choices. Ultimately they present the individual with non-choices about the big determinants of who he is--his language, his grammar, his thinking, most of his patterns of behavior, his religion, and his nation.

In conclusion, let me compare the essential qualities of a chair with those of a person. We define a chair as consisting of legs, seat, and back. If we take away the back or the seat we no longer have a chair. If we add upholstery or paint we still have, essentially, a chair. Now, we say that a chair possesses legs or back as if the chair were something which existed by itself apart from the legs or the back. But this is only a convention of language. The chair consists of nothing more nor less than its constituent attributes--seat, legs, and back. Remember, too, that a chair's legs can hold up the chair but the legs also hold up the legs themselves. There is no chair without legs and there is no holding up without the seat and back and all the other parts which constitute the chair itself. When we define an individual as constituted by the aggregate of his attributes we do not speak of the individual as possessing his body, his memory, his feelings, or his behavior. The individual is nothing more and nothing less than this aggregate. Take away one of these essential attributes and he is no longer quite the same person. The feelings contribute to the behavior and the behavior to the feelings.

Some people consider that their emotions constitute the sense of self as distinct from other selves but if these emotions are to be considered unique and distinct from the emotions of other people then they are modified by a particular set of memories, by a particular body, and to some extent by family, friends and material possessions. The emotions contribute to the aggregate of these qualities in a way analogous to the chair's legs which contribute to the aggregate of the chair's qualities. The emotions cannot function as these particular and personal emotions themselves apart from the aggregate of memory, body, family, possessions, etc. Now, these attributes are constantly changing. Day by day they alter. The person gets rich, irritable, sick, falls in love, becomes a father, is addicted to alcohol, becomes a lawyer, etc. The person can properly conceive of his personal individuality, then, as an unusual but momentary combination of attributes. The feeling of certainty concerning a unique and human quality about myself as a person is quite valid insofar as it applies with exactly the same uniqueness to every other human being. It is a delusion, however, to believe that my characteristic feelings of dislike for spinach or any other personally retained qualities are permanent or unchanging.

A therapist or rehabilitation counselor cannot get a client "cured" so that he is a well-functioning thinker and doer for all the future. The counselor can only instate the client into a presently functioning social or work situation. That work or that type of society may be phased out and the client will have to change and develop further.

While it is neither therapeutic nor educational for a person to receive love or other benefits purely because of his inner divinity, nevertheless when we make benefits contingent purely upon the behavior or other attributes of the person then we dehumanize the person. We give medicine or material rewards or "love" only to a certain behavior. When teachers and therapists can see the "divine" inner self of the patient, client, or student, and can feel that this divinity is identical with whatever divinity is in the teacher, then the client develops a more secure sense of his own divine self and he develops behavior more useful to that self as a member of humanity.

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**NEIGHBORHOOD NETWORK INTERVENTION:
ITS MEANING AND ITS BASIC PRACTICALITY**

Matthew D. Parrish, M.D.

When traditional efforts at treatment or rehabilitation have failed for an individual or a family problem, then a network of neighbors, relatives, co-workers, and friends may usefully gather as a sort of "town meeting" in some private house, and bring all their talents to bear upon a solution.

Case Example:

Let's take the case of Dave, a 14-year-old boy who has for the past year taken heroin, amphetamines, barbiturates, LSD, and glue solvent--often two or three of these drugs at the same time. Dave was referred to the mental health clinic by the court after two arrests for grand larceny.

Stage of Individual and Group Therapy

Individual therapy thoroughly explored Dave's history, gave expert interpretations of his behavior, and provided some teen-age companionship at the mental health center. But it brought no change in behavior. The center discovered very quickly, however, that Dave had an alcoholic father who could not keep a job, he had a chronically depressed mother who had been to the mental hospital three times, and he had a sister, aged 16, who was so afraid to leave her family home that she had never progressed beyond the 7th grade.

Stage of Family Counseling

The center now decided to treat the family as a whole, without trying to pin any diagnosis or blame upon any one member. Accordingly, a psychiatrist and a 20-year-old neighborhood worker from the center agreed to meet with the entire family on evenings & week in the family's own home. The goal was to help the family get away from some of its old rituals and to develop more cooperative and personally productive attitudes among the members. The mother's mood improved, the father drank less, but after five weeks the daughter still would not go to school, Dave continued his drugs and larcenies, and the father still did not have a job.

Stage of Multiple Impact Intervention

By this time the center had discovered that it was overlapping its intervention with that of the welfare worker, the probation officer, the school counselor, the homebound teacher, the vocational rehabilitation counselor, the minister, and the pediatrician. The center then decided to invite all of these agencies to a form of "multiple impact therapy" to be held in the family home. A total of 24 people, including two of Dave's teachers,

appeared at the first session. The outcome was mainly a clearing of information and attitudes among all the community workers present. Four of them decided not to come to any further sessions, since their sector of the intervention could be handled by other workers present. In spite of the family's close work with all of these costly experts there was little further change in behavior at the end of two months.

Stage of Neighborhood Network Intervention

At this point the center "decided" to try the intervention of a neighborhood network. In the next four sessions the values and the procedures of such a network were discussed. The experts conceded that they themselves had no more to offer in this family setting as it now existed. They felt that a network of interested neighbors might help. The family said it didn't know more than six neighbors and those six were uninterested. As it became enthused over a new gimmick for attention, however, the family compiled a list of 55 names of friends, neighbors, co-workers, teen-age gang members, relatives, and tradesmen who were acquainted to some extent with the family's problems. Each family member called his own quota of these people. At 7:30 on the appointed night, 42 people came to the session in the family basement.

The "staff" consisted of the psychiatrist, the neighborhood mental health worker, the probation counselor, the visiting nurse, the minister, and the homebound teacher. Although all six of these people had had special training in group dynamics, psychodrama, "sensitivity groups," and family counseling, they all decided to participate in a 30-hour interaction marathon a week before the first network session. During this church-sponsored marathon with 25 members, the staff learned to understand fine nuances of communication between each other. Their group management abilities, styles, and prejudices became transparent to each other. This understanding allowed one staff member later to move into a sub-group in the family network and to lead it without competition from other staff and without losing much communication with the other staff members.

The staff members arrived at 7 p.m. and made sure that there were proper seating arrangements, access to bathrooms, coat hangers, and preparation of soft refreshments. They observed the network members as they arrived in clusters and watched particularly for pecking orders, emotional liaisons, and prejudices. After the gathering had milled around rather aimlessly for about fifteen minutes the psychiatrist suddenly took complete charge of the group by beating on an improvised gong and then hollering in a loud voice. When people became attentive and quiet he explained that the network was a desperate measure to try to help a family which could not otherwise be helped.

He mentioned how in olden times, and even now in tribal countries, when a person is very disturbed or when his family is very disturbed, all the relatives of the extended family will gather around, perhaps beat drums, sing and otherwise pay attention specifically to the troubled persons for a day or so. If that doesn't work, they may assemble all the tribe and they will cover the hillsides with great masses of people around the troubled persons. Each group or individual involved does what he can in

a practical way to help. He explained that the network was not a medical operation and that there were no experts here, except that everyone acquainted with this family was in his own way an expert. There were to be no confidences kept; nobody should be expected to keep any secrets that anyone told him in this network. There was a need for a great deal of gossip and probably a scandal sheet would be published between sessions. There were going to be three sessions only. Members of the staff present at the opening of each session would fade away after the session got going well. The sessions were to be two weeks apart. Special committees or action groups were expected to take action on any emergency the network considered appropriate.

The leader, assisted by the staff, which was now dispersed in the group, got everyone to hold hands, to move slowly around in a circle, to give several rebel yells--working up in about two minutes to a sort of Indian war dance. The group, with a feeling of high enthusiasm and some euphoria, then settled down to understand the views and immediate problems of the family members. The staff kept the group searching in the here-and-now and did not allow much useless delving into the past histories. At first some members viciously challenged the right of the staff to encourage the formation of such a group; the staff did not argue with this but said, in effect, that they really were not experts in this but were only going to do their part along with the others to help the situation.

The group divided itself into four conversation groups. A staff member inserted himself into each group in order to keep information current and to give a certain amount of guidance as necessary. Eventually the network polarized into a large adult group which began to form action committees, and a smaller group of teen-agers, which included the neighborhood mental health worker and the young teacher. The adult committees concerned themselves with getting the father attached to Alcoholics Anonymous through three members of AA who were on one committee. The committee also thought that it could get the father some work in a nearby building supply company. They intended to vouch for him to the company and to check on his work every day. In another committee it was decided that one member would take the daughter into her house while other committee members helped her with her school homework and tried to see that other teen-agers got her to school and back every day for the next two weeks. After the two weeks sojourn with the other family the daughter would come back home. The mother would then come to another lady's house for two weeks. All this time the mother was to help as a volunteer at a nearby home for mentally retarded children--where two committee members already worked full time. Some of Dave's cronies planned for his working at a filling station after school. They planned also to get him involved with a group of ex-drug addicts who counseled young addicts. They hoped to get him about a month's residence in a drug work-and-cure center.

These and other ideas were brought up in the first session. The ones mentioned were worked out in more detail at later sessions. By 9:30 at the first session the committees had certain definite tasks written out and assigned to be explored or accomplished. The staff faded out two by two, over a 15 or 20 minute period. The group did not notice their leaving but

continued to work for another 2-1/2 hours with their planning, arguing, and gossiping. When they left, each member had definite plans concerning what other members he would meet or telephone during the two weeks between sessions. Certain members were designated as news-gatherers. All gossip and progress made was reported to them during the week. They got together two days before the second session and wrote out a "scandal sheet" revealing all the events and progress concerning the network. At the second session, eight of the original members were absent but three next-door neighbors had decided to come and the group had invited in a vocational rehab worker and a young detention house worker who had managed Buck after one of his arrests. After the third session the staff did not return and there were no more formal meetings of such a large group. But many small meetings and much telephoning continued for about a year. The father stopped drinking for a while but relapsed three times in the course of the year and once had to be hospitalized for three days. In spite of some absenteeism he was able to hold his job for the year. As long as the daughter and mother were not living together the daughter continued to go to school, and with help from her friends she passed two grade levels in one year. Since she would not go back to school regularly when she was with her mother, the mental health center, with the help of the daughter's friends, was eventually able to get the mother more deeply absorbed in working outside the home. Then, several members of the network took turns visiting the family home so that there were very few days in the year when there was not an overnight guest in the house. This broke up most of the family rituals and "games" which got going when the family lived entirely to itself.

Discussion

This case illustrates the following standard levels of treatment found in many communities: (1) One-to-one talking-and-listening treatment of a single individual who is considered to be "mentally ill" by the very act of treatment which classifies him into a certain predictable syndrome with a natural history of its own. (2) Family therapy singles out no one individual as having a particular syndrome but, rather, it considers each member to be playing an essential role in a family which is in trouble. The general aim is to improve relationships among family members and to give the family a useful and interesting goal or project to work toward. (3) "Multiple impact therapy" may be carried out by a team of experts, most of whom have not worked with that family before but who descend upon the family with their various specialty-methods to deal with each member of the family. The impact lasts a day or a week. Another form of "multiple impact" gathers together members of all agencies who actually are involved with the

family but whose work is overlapping. They meet with each other and the family in one grand session and plan a more feasible future course of intervention. (4) Neighborhood network intervention gathers all the concerned and accessible friends, neighbors, relatives, and co-workers of the family members into a group of 40 or more which meets with the family for a definite small number of well-spaced sessions. By means of coordinated small groups it takes positive action to get various members of the family, as well as the family as a whole, to function better. Incidentally, some of the other members of the network begin to function better themselves because of the work they are doing with the family. (5) "Ecological network intervention" consists of a neighborhood network with the addition of representatives from all the local agencies and institutions which deal with problems of this kind. Here the mobilistic functions are combined with the therapeutic functions. Sometimes such an ecological (or ecumenical) group will also include local political and commercial officials. Once a neighborhood or ecological network becomes really active "the cat is out of the bag." The energy of deep concern and active community involvement is reflected back on the leaders of human groups through the neighborhood, nuclear family, and onto the individual again. The individual's disturbances and plans for solution will echo back up through the groups and spread out in the government network and again are reflected back to the individual.

Preparation and Training of Network Leader

The eventual leaders of the network emerge from the neighborhood itself and not from a professional staff group. But in the beginning, the staff must have certain leadership skills and certain knowledge in order to get the network started properly. The following are some of the qualities needed in the staff:

- (1) The staff member should accept, at least temporarily, the theory of non-medical intervention, a theory which is pretty well established in family therapy in contrast to child psychiatry or traditional group treat-

ment methods (Haley, Glasser, Whitaker, Satir, Speck). There is in this theory no diagnosis nor classification of personal syndrome, there is no concentration on clinical history, there is no one-upmanship of doctor against patient, but rather there is a tendency toward the "transparent self" (Jourard). The staff is self-revealed as human, vulnerable, and capable of errors. There is no treatment of any illness. The staff must be satisfied to let any "illness" remain, but it works to change the behavior of both individuals and their neighbors. They change roles, personal relationships, rituals, and games-people-play.

(2) The staff works best if accustomed to working with a group as an organism in itself. In addition, it handles the relatively easy process of "treating" individuals one at a time within the public setting of a group. For the duration of the network sessions the network itself is the primary client and not any one individual in it. This is true in spite of the fact that the staff may be paid in the name of some individual whom a court or a family group has named a mentally ill "patient." When a group makes a scapegoat of one member, it is trying to make group life better. When a group tries to help or nurse a scapegoat, it is trying to improve its own cohesion, group image, and manner of group living.

(3) The staff members must be accustomed to working together. They must be able to respond to subtle communication cues from each other, they must have a broad knowledge of each other's skills and prejudices. They learn best if they assume that co-leadership or co-therapy is a special skill, at least as difficult to learn as good interview techniques. Marathon groups can produce great confidence and openness between staff members because of the fatigue, the role switching, the psychodrama experiences, the sleeping together with consequent talking in sleep, drooling, or snoring, and the tactile impaction of the group in a confined padded space.

(4) Although the leadership skill is invested primarily in the staff group as a whole and not in any one individual, at least one staff member should have considerable prestige in the community and should be a strong charismatic leader.

(5) At least one staff member should have long and intimate experience with persons who have suffered a painful alienation from their natural groups, with severe distortion of the culturally normal emotional reactions. Examples of such suffering people live on some mental hospital wards where staff, peers, and family present them with very distorted or absent emotional expressiveness. These hospital residents, in turn, present inappropriate or flat "affects" to their natural society. Where such an emotional interface is set up between people, great leadership skill may be required to prevent acute disturbance of the communication processes within a group lest the group become involved in violence, runaways, seductions, or wildly dramatic impositions of some "red herring" activities. For example, the group may turn on this "patient" as if the patient were the root of all the trouble in the neighborhood. The patient may flee the scene. The group may even then try to involve itself intensely in some recollective "working-out" of a past incestuous or homosexual or criminal activity in which the patient was involved.

(6) At least one staff member should be experienced in dealing with "confidence men"--or women. Such seductively persuasive behavior is more typical among certain alcoholic addicts, salesmen, politicians, lawyers,

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HISTORICAL INDIVIDUALITY TYPES IN FAMILY NETWORK THERAPY

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This paper describes several concepts of individuality which have provided better therapeutic conceptualization and guidance of family network groups.

Family network therapy¹ is becoming widespread in an effort to bring a more intimate social power to bear on family problems. Judges, rehab workers, psychiatrists, and school administrators are so expertly professional and, in addition, so overworked that they can give only the best of objectively detached advice and service. Few such workers can become emotionally committed to a family of real people, human as themselves. Concerned families, however, from the same neighborhood or church membership can combine their personal talents and their social or business contacts to help each other with humanly intimate services and understanding.

Under the guidance of a trained therapist the network of families can redefine, for instance, the role of a young mother and give her gratifications or controls which change her attitude and behavior toward a husband. At the same time, the network can guide the husband's reaction to her changes. The network may meet regularly to help its own member families over many months, it can follow their progress with an informal tenacity denied to office professionals.

From the viewpoint of social evolution the therapist may find some members ten years behind others, or even several hundred years. Families and individuals find special advantages and disadvantages in their particular stage of evolution--their particular way of living out their individuality.

A particular group member maintains as elements of his personality several types of individuality. He may especially emphasize one type as he plays a particular prolonged role in life (for example, the role of policeman) or a particular transient role in the network group (e.g., clown). A group may contain as elements (members) several types of individualities, yet the whole group, or a whole family as it faces the larger community, may emphasize a certain type of individuality as its own total group character. For example, the group may behave with essentially Victorian mores.

Society, including each family, has passed through many centuries of development. Every century or so society bloomed out with a particular ideal of behavior and morality typical of most people in those times. Today, in family network therapy, for instance, we may have to deal not only with modern Existentialism or Behaviorism as personal ways of thinking but also with the individualities left over from Middle Ages, Renaissance, Reformation, Enlightenment, Victorian times. For all of these individualities still dwell in our society. Some of them receive more emphasis in the Black Ghetto, others in the Polish ethnic community, some in an elite suburb, others in an academic community... A particular individual today may be more of an Enlightenment man than he is a Renaissance man, another may have a more strongly Victorian individuality.

Every Western generation in this century has lived in a time of transition, a hard time to bear, because it was trying to move from a way of living, and a type of self-image, which was characteristic of the last generation and to fit itself into a new type arising within the society. In the early years of the 20th Century the new Western individualism necessitated construction of different moralities and self-concepts from those of the Victorian times. The Victorian century held to a "democracy" by the elite, where in order to "survive" in commerce, the fittest people bonded workers to jobs and tried to "eliminate" the business competition. As Freud brought out, the Victorians held to selfishness expressed as altruism and to hostility toward women expressed as chivalry or condescending oversupport. Thomas Hardy's Jude the Obscure and Ibsen's A Doll's House struggled with this contradiction of Victorian times.

The Nuremberg trials revealed the grand tragedy of mid-20th Century man. He must act as if fatefully driven by social coercion or even law, but as an individual he is still expected to retain responsibility for acts of his corporate group. He will always be punished at his Nuremberg when changing times make his society's morality obsolete. In Nazi Germany, he may have believed that German culture and commerce should dominate this world, that Jews were a social poison. Today, he may believe that U. S. culture and commerce should dominate the world or that killing human embryos is a proper way to manage genetic and economic problems. He cannot know how new powers and new moralities will judge him.

Middle Ages, Renaissance, Reformation, Enlightenment, Industrial Revolution... they each sowed the emotional seeds of the age to follow. Many seeds were sown, most fell on stony ground. Every era has evidence of romanticism, realism, classicism, organization-man, etc. But it is easy to see each great era as maintaining a typical set of traits in its dominant members--a typical individualism of the age...

Individualisms of the Middle Ages

(1) The cool, aloof monk manifested one form of individualism. He communicated officially in Latin--a very literary and coolly scientific language from the dead past. It was never his emotionalized mother tongue. He translated any hot, impulsive, emotional thoughts into Latin and his listeners translated them, with much of the emotion detached, into their own living languages. The resulting alienation of the objective, observing self from the things and feelings observed constituted the literary, the intellectual way of thinking--the objective, the scientific. This kind of individuality developed best in a society that paid careful attention to reading and writing. Later, in Reformation times, the monk became a model for the Protestant middle class, where every man had his pipeline to God and where every man was something of a scientist and, at the same time, a literate person of respected judgment.

(2) The self-asserting peon manifested his individuality around his masculinity, his wife, children, and cottage. In modern countries which are not really nations but "ways of life" like Italy, Greece, and Spain, this old sort of medieval self persists today in the "Paisan." This was a "self" assertion about things which were as much other people's as his own and he knew it. Masculinity belonged

to all males and not to him alone. The individual was seeking to be one of the men. Wife, cottage, etc. belonged to the lord of the realm in some measure and also to God. Through the priest the wife's soul, self, and devotion belonged to God. Individuality in the peon was more energetically protested about than it was in the contemporary monk or in the Protestant banker of a later age, but it was not intellectually detached; it did not remain isolated and unchanging in its feelings as it manipulated its clientele or its natural environment.

Individualism of the Renaissance

The Renaissance individual manifested a self-concept by means of his energetic creativity, not by division of what's me from what's not me. He created a personal and public image of self when he generated ideas and pushed those ideas into accomplished works--good or bad. Dante, Boccaccio, Leonardo, Machiavelli acted like neither monks, peons, princes, nor tradesmen. As they personally explored and created in the outer world, they thereby explored and created a larger inner self.

Individualism of the Reformation

Here the individual was isolated apart from others in a monkish way. He didn't have to express himself to be a separate self. He was a separate self by right. This right was stronger in people who could read. They didn't depend on others to give them the Word. Within the vaguely seen limitation of the Church, they could select and evaluate ideas out of the body of widely published scripture.

Individualism of the Enlightenment

The middle class man of the 1600's and 1700's assumed individualism. He didn't protest about it. After all, he was a member of a creative class. He was equal to other creative members, even if he himself never had an original thought. A man who never read a book might rightfully criticize books in the coffee houses. The individual felt himself possessed of house and wife, even if he just came upon them by luck. Simply because he was born separate he felt unique, separate, aloof from contamination by the feelings of others. The middle class man felt safe and sure of self. Formal, objective, and critically discriminative discussions brought objective detachment to a new high in the French salons and English coffee houses (Madame de Scudery, Samuel Johnson), in the theater (Racine), in philosophy (Descartes), and in science (Newton).

Individualism in Victorian Times

The Industrial Revolution and the rising bureaucracy of impersonals jarred the security of the Enlightenment feeling and brought a need for great protest, much action, to prove that people were individuals--and indeed heroes. Carlyle (Heroes and Hero Worship) showed a man had to prove himself in competition with others in order to feel he was a real self. Men now pulled away from their extended families and from "way-of-life" peoples. They formed nuclear families and nations. Marx protested this possessive competition and this insulation. Freud emphasized the respected separateness of the individual and both men staked the individual against society at the same time that the organization-man was dissolving into the bureaucracy--losing his self boundaries, trying to categorize

himself into (1) a working man whom the company owned, and (2) a time-off man who owned house and family. He became schizoid, categorizing his emotions, having "reactions" appropriate to the category of work or home but not appropriate to a creative eternal (renaissance) self.

The Victorian individuality, conflicted as it was within itself, faced a new individuality in the 20th Century. The early 20th Century view was itself conflicted between a mechanical Behaviorism and a personal Existentialism. In Behaviorism we could see ourselves as empty of any distinctive personal souls; we were just products of heredity and environment. I could not prove that the other person had thoughts or feelings if I pinched him. I saw water come out of his eyes but I didn't see any pain. I saw only behavior. Existentialism aligned against this view a new sense of individualism--each person doing his own thing to bring his full potential into existence. He often considered the social world absurd, anyway. Thus, the Victorian dialectic, without resolution, faced a new dialectic in the 20th Century. This new dialectic eventually gave way, unresolved and unsynthesized, to still another in the later 20th Century.

The Varieties of Individualism Within One Person

But the monk still exists inside today's individual. And so does the peon, the Renaissance creator, the middle class entrepreneur... Some people now try to emphasize one or the other attribute. Young people may develop a fad of "back to the Renaissance," though this may be expressed in Enlightenment dress and behavior without the coolness and aloofness of Enlightenment men.

The nuclear family so insulates the child now from the rest of the world that any fundamental change in the individual must be made by changing the family--except of course, for changes in the individual as his role changes within the family itself. Accordingly, the main business of an individual when he leaves the nuclear family for schooling and work, is to find his own identity--to construct a self-image.

This problem is not so acute for the child who lives in a tribal family in perhaps Asia or some U. S. city ghettos. Some modern middle class Americans say, "The tribal child has no self, he is merged with the group, everyone knows everything about him." Others say he has no distinctive self because his attributes are so broad that the work world demands little of him which he hasn't already gotten into by playing the varied roles of the tribal family.

The tribal emotional life of extended families, communes, and other such groups attracts us today because there seems to be a surcease from some of our trouble, but tribal life adds broad dependencies, and deletes creative independence and individual travel mobility.

Individual psychotherapy tries to take the child-in-the-adult out of the nuclear family, resolving some of the attachments and prejudices the family once foisted on that child. This therapy tries to mobilize the feeling functions of the individuals and to allow them exercise in the context of an adult world--represented in a standard way by the god-therapist.

Family therapy relieves certain family members of role pressure. Thus it helps the individual, but family therapy's real purpose is to help the family-as-a-whole straighten out its internal relations as it faces the social world--represented by the god-like family therapist.

Family network therapy does the same thing with an individual family. There in a group of neighbors the family faces a real society. The group interlaces the individual family with real persons and with possible role slots derived from other families and persons in the neighborhood. The group's more real purpose is to help the network as a whole (not just one family in it) by facing the network toward the god-like therapist. But fortunately today more and more therapists become incarnate and merge with the family's transient roles as a transient member-on-his-own. This catalytic member-merging of therapist with group sometimes occurs in family therapy too. It can't occur in traditional individual therapy though, because it would make the patient less insulated and self-identified. Most such patients are already weakened by being merged with a single figure they are dependent on. Such merging becomes incorporation, the patient becomes swallowed up in the single other person. He usually had merging problems with regard to his mother or father and now faces it with his single therapist. Merging into a group may allow loss of the self-insulation from others and dilution of self-uniqueness; but it also may allow extension of self so that the self uses all the group's feelings, skills, roles, knowledge as resources. Indeed, the self uses them as a resource just as individual memories are. This is not usually incorporation; it is extension of the self's resources.

The family network therapist, if he is good, should find in himself all of these mechanisms of self-extension, incorporation, etc. He should also find in himself the various kinds of individuality which his society (and the network society) has developed over the centuries--(1) medieval individual (monk or peasant), (2) Renaissance individual (created by his own acts), (3) Reformation individual (defined as a separate self by right), (4) Enlightenment individual (assured to be objectively and aloofly intellectual), (5) Victorian individual (developed in the competitive market and extended by accretion of possessions), (6) Early 20th Century individual (nursing a feeling of individual existence in the midst of a vast corporate jungle). The late 20th Century individual is merged tribalistically with a communal or extended family group in which wide access among persons and roles provides non-competitive personal growth and gratification.

It is the mechanical impersonalness of the corporate life that makes modern network therapy as useful and necessary as it is today. The total worldwide personal access to information through transistor radios plus the spread of TVs and literacy have shown individuals and small groups the power they have. Can a school board keep sending a bad principal back to a school if a representative group of parents has a sit-down occupancy of his office or block him bodily from entering the school building? Votes can be seduced or manipulated but direct action by individuals and small groups is hard to deal with. Individuals now learn how to use bootleg radio broadcasts, public demonstrations, hijacking, boycotts, homemade bombs, karate, drugs, and operant conditioning--even of a social sort. Result: Small individuals coerce society which coerces the small individual, and more of the world gets involved. It becomes harder for the social structure and the group morality of the past to remain securely established and unchanging. Whether it is Capitalist, Communist, Christian, Buddhist, it must prove itself anew every year.

The Industrial Revolution has broken up the tribes and the extended families and made sacred the conjugal or nuclear family. Nowadays, with the newfelt need for tribalistic support, family network therapy, with professional help, is becoming more useful. Understanding of the various historical types of individuality can help in the family network's role development and the changes in habitual group behavior. The network therapist faces certain historical types of individuality within his group just as he faces degrees of personal maturity toward any one type. A group mature in Victorian life may be childish in Existential life. Individual members may also. If the staff looks for these types and the shifts from one type to another, then it can resolve many group blocks to positive action.

Reference:

1. Speck, Ross V., & Attneave, Carolyn L. Social Network Intervention, in Haley, J. (Ed.), Changing Families, New York: Grune & Stratton, 1971, pp. 312-332.

and panders than it is among the general population. It may be an advantage if the staff member has been something of a "confidence man" himself.

(7) There should be at least one staff member who has been a perceptive member of each social class, race, sex, or age group in the network. There is a dearth of good professionals trained out of the lower classes today. Indeed, even the children of lower class junk dealers who get through a professional school will often buy an elegant house, join a country club, take up golf, and pretend to abandon all understanding of lower class culture or needs. Training which deepens the staff's understanding and management of group forces includes: military combat, religious revivals, courtroom work, football playing, political office, orchestra practice, life in an extended family or a foreign culture.

(8) When a staff has learned to work together easily it is almost impossible for an observer to tell the original discipline of the staff member. Nevertheless, it is of some importance to have a variety of disciplines represented in the staff. Some useful disciplines are law, medicine, the ministry, cultural anthropology, psychology, social work, nursing and education.

History of the Neighborhood Network

At the outset, the neighborhood network does not appear to be a new procedure. It grew out of many much older ways of intervening with groups and communities, but its fundamental assumptions are different from those older procedures. Similarly, the space vehicle grew out of the airplane and the rocket missile, but its architecture and its navigation methods are completely different. I believe that the neighborhood network as it has lately developed and has been perhaps best described by Ross Speck, is qualitatively different from any of the group interventions out of which it grew. I will list here some of these older procedures.

(1) Group Therapy. Traditional group therapy treats an artificial gathering and not a group of people who would normally be working or living with frequent contacts among each other. Everyone assumes that there are pathological conditions within each individual member. The staff usually remains aloof from personal involvement in the group and maintains the position of one-up experts.

(2) Obesity groups and indebtedness groups, which try to cure individuals of their addiction to food or to indebtedness, had all the difficulties of any traditional group except that the spouses were usually invited to participate and were considered a part of the problem. Even though a

husband was thin and the wife was fat, the husband was still considered part of the wife's obesity problem. The same applied to indebtedness. Besides this, the staffs usually concentrated on the group as a whole to the extent that the obesity groups moved onto truck scales and weighed themselves as a whole group, without concern for the weight of the individual over-eater. When the members sat down to talk, one might say, "Gosh, we weigh almost a ton and a half this week. How did that happen?" Similarly, the groups working with debt problems would total the entire group debt and would say, "Well, the group debt has finally dipped below \$100,000 this month." In addition, the debt addiction group would help their community plan to set up consumer benefit programs or consumer protection programs which rebuked the hard-sell irresponsible advertising, and enlightened the susceptible citizens about the operations of loan sharks and high pressure salesmen.

(3) The stairwell and hallway groups in the military occupation forces overseas concentrated on natural groups formed in the apartment stairwell where about eight families were forced to pivot their lives around the stair landings. Perhaps a teen-ager in Apartment 4 would lift the dresses of sub-teen girls in Apartments 2 and 5. This would cause an uproar and the stairwell group would meet with the mental health staff, or perhaps with a chaplain in one of the apartments. All families and all children over 9 years old would be present. They would often call upon the community street-cleaning, the engineering facilities, or the public utilities to improve living conditions. Apartments where the stairwells were thus group-organized did more official complaining but they also cooperated watchfully against vandalism, kept their own apartments cleaner, their yards better mowed, and their clotheslines in repair. They seemed to feel that if they could demand and receive more services, they also deserved to do their own part for efficiency.

(4) Family therapy dealt with a very natural group--the nuclear family. It assumed the problem lay in the family as a whole and not simply in the referred individual. At least, this is the model of family therapy which has developed over the past several years and is particularly elucidated by such exponents as Jan Hale, Carl Whitaker, and Nathan Ackerman. This family therapy avoided many of the problems which still inhered in the traditional group therapy model but it usually failed to contrast this family in the here-and-now with other families of the same neighborhood and it had very little power of its own to develop social action, such as to help with school work, to obtain jobs, to get scholarships, to provide for a vacation or special recreation. All of these missing factors were supplied by the neighborhood network, as described most cogently by Ross Speck.

(5) The tribal support afforded, for instance, in central African countries usually brought together larger and larger groups to work on a problem until that problem was finally solved. At first, the extended family of perhaps 50 persons would surround the troubled family and usually in the presence of a medicine man would sing songs, offer suggestions, involve the family in arguments, conversations, dances, etc. in order to bring help. If this failed, the larger tribal organization might be called in and the hillsides could be covered by a thousand people, all concentrating on this same problem, as described by Mike and Margarita Woodbury of Washington, D.C.--from their experiences in Gabon and Cameroons.

Since the neighborhood network is qualitatively different from the other forms of group intervention it is usually not presented as having grown out of these groups but, rather, as being related to the primitive tribal phenomena described as the last example. Of course, it did not grow directly out of this tribal work but if the staff shows how the network compares with the tribe, the families are led to a better working relationship than if the network is simply described as a more sophisticated and advanced type of group work. Insofar as the network needs to consider a psychiatrist an expert, this is played out in the role of a tribal medicine man. This sort of play had an element of ridicule and yet a joyful acceptance of the doctor as a human member of the network.

A Procedure for the Neighborhood Network Intervention

The following steps follow the Ross Speck's type of network as I perceived it from Dr. Speck and his protégées.

(1) The mental health counselor does not begin formal network intervention unless he is fairly sure the network can be employed in some definite practical actions, such as getting jobs, providing foster homes outside the present family, getting members to associate more fully with a peer group, helping to get a 'club' started, etc. The first task is for people who need to practice coping together--coping by inter-group relations (committees), small group intra-actions, and by one-to-one support. This is the network is lived along the 'between-lines' among people as well as inside a personal psyche.

(2) The counselor, working with the individual or a family, sows the seed of possible network intervention by talking of networks and their possibilities, arousing the curiosity and the positive thinking of his clients toward the network's usefulness for them.

(3) He forms a definite contract with the family. Usually this amounts to setting a 2- to 5-session limit on the therapist's participation in the network's sessions, making sure that the family understands this is not therapy of any disease but only an attempt to get better living, working, and social conditions and to get the family out of its emotional rut. Usually, further individual treatment is left to be re-negotiated after the network sessions have run their course.

(4) Certain specific members of the family are assigned a definite list of friends or relatives, neighbors, and fellow workers to call up and

invite to a meeting in order to help the family in its own home. (Part of the contract: If there are less than 40 participants in the network the staff will attend the first session but will not return. Too small a network is ineffective.) The staff arrives early for the session and helps the family arrange furniture, snacks, ventilation, seating arrangements, etc. The staff also watches the entrance of the guests and tries to discern the social clustering, prejudices, and pecking orders.

(5) At the beginning of the first session the staff's leader tells the group that he'll keep nothing in confidence and advises no member to keep confidences of any other member. All the dirty blackmailing secrets of the network are to be dumped out in the open, where they are rendered powerless for future blackmail. Sometimes the leader says that he is a medicine man but the real working "shrink" are the general members of the network itself.

(6) Certain sensitivity gimmicks are used at the beginning of the session to get the network members warmed up to each other. Such gimmicks are also used in the middle of the session if the members get hung up and unable to continue positive planning or acting with each other. The gimmicks include holding hands around in a circle, weaving in and out of two oppositely rotating circles which touch hands as each member passes another, screaming together, doing a war dance together, singing group songs, doing some short calisthenics which require people to touch each other as they exercise.

(7) The staff members remain scattered through the network and yet keep in subtle communication with each other. They sometimes fade into the network so well that no one realizes they are professionals. They help to polarize the net into groups which are most significant and useful at the present moment. For instance, the young may be polarized against the old or the males against the females. They form separate groups for a while and do their own discussions and planning. Later the groups merge together again for total network communication.

(8) The staff encourages the group to set up a communications network that will last for the two weeks or so until the next session. This may consist of definite phone liaison assignments or the "publishing" of network news, or a scandal sheet. Each session--even the last one--ends in such a way that the group has tasks in mind, not merely the forming of exclusive farewells.

The stages through which such a group usually passes are:

(1) Retribalization. With wild whoops and dances for five minutes or so, the group develops a feeling of very informal group solidarity. A touch of playfulness is mixed with the serious mission.

(2) Polarization. As the various approaches to problems develop, and particularly as conflictful opinions are set out on the major issues, the groups divide into two or more groups according to the feelings of the members within these sub-groups. Thus one branch of the family may line up against another, the teen-age peer groups may line up against the old establishment-oriented groups. After gaining some strengths of their own, the sub-groups may then merge again with the total network group. If the

groups do not merge well and do not plan productively about their problems and needs, then they should be separated again and allowed to work further as separate groups.

(3) Mobilization. The staff, and indeed the whole network, flushes out the energetic and socially active members of the network. These leaders are supported in their efforts to activate plans. Later they are encouraged to make definite committees.

(4) Resolution of resistances. These really come about in the second session, especially if the group has met an impasse and has become somewhat depressed. After one session the group may still believe the professionals are eventually going to take over the group's management and planning. Usually after an impasse, committees are formed as breakthroughs. Definite commitments are made by sub-groups and by the group as a whole. The singles and couples who stray away from the small groups are re-attached to appropriate groups. This is usually easiest to do during coffee break.

(5) Elation and exhaustion. The members feel a more or less permanent connection with the network. They feel they are supported by it and that they gain by supporting it. The feeling has been likened to the tired elation after a very congenial dance party.

Very often when the network's intervention is concluded, the staff agrees to return for a single session or for consultative advice to a few individuals of the network if they are so needed some months in the future. Often the individual therapy or the nuclear family therapy which has preceded the network can be broken off when the network tribalizes itself and takes over. Nevertheless, the network should not be considered a therapeutic agent. It does not get rid of any fundamental pathology. It only improves human relationships to the extent that the pathology is no longer crippling.

Occasionally a network is run as an open-ended group of nuclear families, with a permanent staff. The group meets every week or two and each family stays with the group only three to ten sessions while it forms the beginning of some fairly lasting liaison with other families and agencies which continue to be of use after the families have left the group meetings. Such open-ended groups run usually at a lower level of energy and enthusiasm than the groups which are formed around a single occasion or a single crisis. On the other hand, the open-ended groups do not run out of steam or become exhausted as easily after they have worked

for a few sessions. They easily take up new projects when old ones are finished.

Employment of Network Forces in Social Organizations which are already established

A church, a philanthropic businessmen's group, a minority or ethnic association can all be used as a "therapeutic" network. There are two methods:

(1) The network therapists may be invited to deal with an entire association--or an entire local chapter. The association as a whole may want to handle better some of its human difficulties or to improve its rate of dropout or deviance.

(2) More usually, a group of families may form a network under the auspices of the parent organization. Thus, a church social worker or minister invites network intervenors to help with one or two families who are having difficulty, perhaps with the delinquency of their children. The intervenors ask for a network to be formed in the same fashion as a neighborhood network, except that in this case the network consists of members of this particular church congregation. Whenever feasible, the network intervenors include the church social worker or minister as a part of the intervening staff. The outside staff learns from him and teaches him. They all practice together the normal network activity.

The network, of course, carries out its activities within the acceptable mores and culture of the organization. The organization remains confident that the intervention team has no notion of reforming the culture of the organization itself. It is well for the team to develop some genuine empathy for the way of life and the goals of the organization. Anyone who completely disagrees with the aims of the organization should stay out of the team.

The familiar rituals of the organization can help form good interpersonal and intergroup bonds within the network. Such rituals include prayer, group singing, ceremonial food-taking, and secret language. The rituals cannot usually be invoked, of course, in a completely new neighborhood network which is formed for a single project and not for a lifetime of social action. On the other hand, the established organization may also invoke familiar rituals in order to avoid facing new needs and forming new bonds.

An increasingly frequent social organization nowadays is the "commune," which is often a group's attempt to be fairly self-sufficient in rural isolation from more conventional groups. Another organization is the urban "crash pad," which usually is an old house where members cooperate to support each other in the essentials of survival, and in a few of the luxuries. Such a pad sometimes affords a not unhealthy milieu for a schizophrenic or other disturbed person to ride out an episode of great social discomfort (see R. D. Laing: The Politics of Experience). Sometimes these organizations provide hiding places for people who are trying to escape from the law or from what they consider an overbearing family. Nevertheless, some communes have freed themselves of some emotional and organizational hang-ups by inviting a couple of group intervenors to spend a day or two with them periodically. During 1971, after several such visits from Don and Lola Klein of Columbia, Maryland, the Twin Oaks commune in Virginia (modeled after "Walden Two") decided at last to rear children in the commune. For three years, members had made preparations to rear children in the commune but they thought the social atmosphere was not appropriate. The network's altered interaction which occurred in the presence of Don and Lola helped the members to re-form their society. It would be almost impossible for an actual member of such a group, working without outside help, to effect much of any change. As such a member sets off the tribal network effect, he himself becomes smothered within it and the group simply maintains its old way of living.

Most organizations strengthen themselves and grow by

- (1) continually proselyting new members,
- (2) continually excluding or punishing new backsliders,
- (3) facing an enemy considered to be external to the group,
- (4) expressing love, anger, creativity, and other emotions and works within the membership of the organization.

Most attempts to strengthen the organization or to improve individual functioning within the organization deal with the first three activities. A revival meeting, for instance, or a sales managers' meeting will usually attempt to better define the outside "enemy" or the "market" or it will try to bring in new members or it will try to exclude its inefficient members. The network effect, on the other hand, tries to strengthen the fourth activity--to increase the joy and the productivity, to air and resolve irritations among the members and the projects. In most organizations this fourth activity has the weakest effect in holding the organization together. With the network's openness of emotional expression and its tribalistic feelings, however, an ease of bonding among the members becomes the important factor. The first three activities often provide continual stress upon the individuals who are more or less permanent scapegoats. The tribalistic network effect allows for more tuning in to emotions, roles, and work activities among all the members. If this tuning can be maintained, there is less need to define an enemy or to prove the organization's worth by continual recruiting, punishing, or excluding.

It should be remembered that therapy itself, when directed specifically at an individual, is a form of exclusion or of punishment as far as the organization is concerned. When I speak here of organizations I include churches, country clubs, universities, crime syndicates, Cub Scouts, business corporations, nuclear families, labor unions, armies, and professional associations. Many of the young people today are not content to live with the problems of these organizations. They seek group development through personal interaction within the group. They do not seek therapy nor the intervention of detached supercilious experts.

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PHYSICS AND GROUP DYNAMICS: ISOMORPHIES

By: M.D. Parrish, MD

An isomorphy, a term from general systems theory, is a formal structure which is common to activities in two separate sciences or arts. Thus, the input-output activity of a biological system such as a cow is analogous in structure to the input-output activity of a business system such as an airplane factory. Isomorphies may help researches or planners get fresh starts on problems within their own particular science. The following isomorphies bridge group psychology and physics. The physical concept is noted first:

1. Boyle, Charles, Gay Lussac--Ideal gas law $PV = nRT$: An increase in the number (n) of people in the group room increases pressure (P) against the walls or else the walls push out so that the volume (V) of the room increases. A decrease in temperature (T) pulls people together for comfort and decreases pressure against the walls.
2. Pauli--exclusion principle: Each particle in an atom occupies a unique energy state; no two members in a group maintain the same role at the same time.
3. Fermi--gas law: Every molecule in a collection of gas effects all measurements of the gas; every member influences the total group all the time.
4. Heisenberg--uncertainty principle: The more accurately we measure a body's momentum, the less we know its position; the more definite and certain a member's role, the more uncertain his personal attributes and vice versa.
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6. DeBroglie--wave mechanics: All energy is measurable as both waves and particles. The emotional attributes of the particulate individuals on the one hand and the continuous history of the group's styles of emotion on the other hand are polar aspects of the same phenomenon. An emotion can be carried around over time and distance by a single individual. Alternatively, an emotion may propagate itself as a wave-like disturbance through a group, moving from one member to another. It may inhabit one individual only transiently.

Thus, a nursing group may devote itself enthusiastically to caring for patients on a ward, but only the members actually on duty really feel the enthusiasm at the moment. Drastic changes in attitude toward patients may be passed along to the next shift when it comes on duty.

A student anxious about an impending exam asks a fellow student a puzzling question. When the fellow leaps anxiously to his books, the anxiety passes on to him. On the other hand, shared anxiety may become lessened anxiety. Thus, two radio frequency waves may interfere and cancel each other or may result in audio frequency waves--audible, conscious.

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physics

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work group

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This situation corresponds to a book. What's written never changes. Within the book, what follows what is always predictable. Preferably the book's ideas will be well organized too like the book of Euclid's Elements of Geometry. The situation also corresponds to a fixed tradition commanding absolute and unquestioning faith. Within itself such a conserve (book, tradition, legend) produces nothing--not even by chance. But when the conserve is attentively faced by a questioning, uncertain, unpredictable, energetic mind, changes do occur. The mind can become more organized, can direct its energy better even though some energy may evaporate in the process. Thus a group can guide itself in part by the relatively low entropy of books, traditional roles, etc.

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Members usually think that when the group breaks up they can take into the workaday world all the skills and knowledge they have experienced in the group. But the intense parts of the experience don't pass into the outer world. We sometimes say the outer world is not prepared to accept the us who experienced the group and we must therefore revert partly to our pre-group selves. We say the outer world hasn't had time to reach these ex-

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11. Yukawa--Nuclear strong force: the force among protons and neutrons (nucleons) which bonds them together into an atomic nucleus in spite of electrostatic repulsion. Once persons have grouped as heavy nucleons to each other, as with family members, combat buddies, certain working musicians, etc. the bond between them exists forever as a potential but is ineffective at a distance beyond the ken of the group. When they are again associated the bond suddenly becomes powerful--even though they haven't seen each other for years.

This quantum-mechanical behavior departs from the classical physics of Newton above. In physics this nuclear force is not a mere action-at-a-distance but an intimate passing back and forth of a pion (a small positive particle) between a proton and neutron in a wave-like vibratory fashion. The nucleons must be in close contact in order to make this exchange (of emotional giving and receiving). The closer the nucleons, the more rapid the interchange so that no one can tell which is giver and which receiver (of this small, positive particle). The pion is a part of the proton and the transfer to the neutron is a giving of a part of the proton's self. The pion is a class of particle (meson) distinct from either protons or neutrons and is fit to be shared among any proton-neutron pairs. Nevertheless when a particular pair vibrantly shares a pion, the pair is in close-bonded rapport (by the strong force) and is oblivious to the notion that pions can be shared with any other nucleon not presently in close contact. In a nucleus with an orgy of more than two protons or neutrons pions are bounced vibrantly among all the nucleons to form the total bond of the nucleus.

The formula in physics for the strong force is:

$$F = (1/R^2) \exp(-R/r)$$

R = distance between nucleons

r = radius of the nucleus itself

Thus the moment a nucleon slips away from the nuclear boundary the strong force rapidly dies away and the nucleon is influenced only by the usual forces of the world outside the nucleus--forces such as gravity, magnetism, . . .

For human groups a more appropriate formula would be:

$$F = \frac{t(r - R)^{\frac{1}{2}}}{1 + T |r - R|^{\frac{1}{2}}}$$

t = time the member spends within the group

T = time spent outside the group

r = radius of the group itself

R = distance between members

Here when the member leaves the group ($R > r$), the binding force becomes imaginary and even the imaginary force fades eventually with great time and distance.

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A member presently bonded inside the close group may feel outside forces as imaginary since they affect only his memory. Once outside the group he may feel that in-group forces were imaginary since he is currently affected only by the traditional forces of the greater society. To the dreamer the dream world is real: the waking world is imaginary.

Our formula for the strong force bond within the group reveals only the general tendency. Actually in human contacts there are several proxemic shells--as E. T. Hall¹ elucidated.

The coziest social shell, the most quickly bonding, functions at a distance where noses can touch. A caressing brush of two muzzle areas lights up the very primitive rhinencephalic area of the nervous system--a part so prominent in the rooting pig or the burrowing mole and even far more important in the earthworm. Auditory communication in this shell is most properly in soft, intimate whispers. Eye rapport, however, is not so practical. It is impossible to maintain more than four members this close, and the bonding is best if there are two men and two women. With three members this configuration is less stable than with one member of each sex or with two members of each sex. Strangely enough the same problems prevail in the isotopes of hydrogen and helium.

The second proxemal shell ranges out to the distance where one member can still reach out and touch another. Actual touching need not occur. Within this distance auditory communication is by soft voice. Eye language is at its best. Within this shell a football team can huddle. Most group therapists find a group of six or eight proper for a traditional therapy session. The same number is proper for a dinner party for it is about the largest group which can maintain a single conversation. A third stable number seems to be about 16 where at least normal voice level still suffices and where the Army finds the squad sergeant's voice still in control.

The fourth shell's radius begins where the member must raise and project his voice to reach the others. Good eye rapport is impossible....

The binding force for each shell might perhaps be expressed by its own formula, but it would be of little practical use because, within the fourth proxemic shell, members continually create and dissolve sub groups having different shell sizes and bonding energies.

Strangely the most stable groupings or shells of atomic nuclei occur with one each proton and neutron, 2 each, 4 each, 8, 20 and so on. But beyond this stage of description nuclear theory and group dynamics theory are no longer so isomorphic. And indeed I have procrusteanized a bit with all of these isomorphies to make them more useful. But as Aristotle² said in effect--an ingenious person is one who can use analogies that no one else has perceived.

Do isomorphies occur naturally or artificially?

In the late 1940s Kurt Lewin in Massachusetts and W. R. Bion in London demonstrated the ability of groups to pool their members' talents and work without any formal structured hierarchy or leadership. Strangely enough, Mayer and Jensen³ in 1949

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emphasized evidence showing that the atomic nucleus need not be considered merely a cohesive "liquid drop" as Bohr and Wheeler had formulated it in 1939. Nor need it be considered a concentric hierarchy of shells as were the atom's electron shells. In retrospect other physicists found there had been for years plenty of evidence that the particles in the nucleus were a sort of gas collection creating and dissolving various inner energy levels or shells which showed no fixed hierarchy nor concentricity. They seemed to cohere by an average strong force only 1/5 the energy of their kinetic agitation.

Thomas Kuhn⁴ (1962) explicated science's tenacious attempt to make a traditional theory or paradigm explain everything until suddenly science breaks with the old paradigm and honors evidence which has been available for years. Thus in the astronomy of the 1400s we constrained the earth-centered paradigm to keep on explaining evidence until suddenly that evidence seemed more readily explainable by a sun-centered system. Kuhn could have mentioned that the constraining paradigm was really an isomorphy extending into many seemingly unrelated fields. Significantly, in the late 1400s many people began to see their villages take up minor roles as satellites within a nation state. Was this loss of local centrality isomorphic with the loss of the earth-centered universe? Thus a cultural Zeitgeist common to all Western sciences and groups may lead each science to look especially for evidence which supports stylish concepts and paradigms which, of course, turn out to be isomorphies.

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periences or that it is heading in the wrong direction to reach them. The group experience may create disharmony in a marriage if only one spouse joins the group. The absent spouse can never understand some of the things that happened, and the experience can not be utilized in the marriage. The same applies to co-workers, club members, etc.

11. Yukawa--Nuclear strong force: the force among protons and neutrons (nucleons, which bonds them together into an atomic nucleus in spite of electrostatic repulsion. Once persons have grouped as heavy nucleons to each other, as with family members, combat buddies, certain working musicians, etc. the bond between them exists forever as a potential but is ineffective at a distance beyond the ken of the group. When they are again associated the bond suddenly becomes powerful--even though they haven't seen each other for years.

This quantum-mechanical behavior departs from the classical physics of Newton above. In physics this nuclear force is not a mere action-at-a-distance but an intimate passing back and forth of a pion (a small positive particle) between a proton and neutron in a wave-like vibratory fashion. The nucleons must be in close contact in order to make this exchange (of emotional giving and receiving). The closer the nucleons, the more rapid the interchange so that no one can tell which is giver and which receiver (of this small, positive particle). The pion is a part of the proton and the transfer to the neutron is a giving of a part of the proton's self. The pion is a class of particle (meson) distinct from either protons or neutrons and is fit to be shared among any proton-neutron pairs. Nevertheless when a particular pair vibrantly shares a pion, the pair is in close-bonded rapport (by the strong force) and is oblivious to the notion that pions can be shared with any other nucleon not presently in close contact. In a nucleus with an orgy of more than two protons or neutrons pions are bounced vibrantly among all the nucleons to form the total bond of the nucleus.

The formula in physics for the strong force is:

$$F = (1/R^2) \exp(-R/r)$$

R = distance between nucleons

r = radius of the nucleus itself

Thus the moment a nucleon slips away from the nuclear boundary the strong force rapidly dies away and the nucleon is influenced only by the usual forces of the world outside the nucleus--forces such as gravity, magnetism,

For human groups a more appropriate formula would be:

$$F = \frac{t(r - R)^{\frac{1}{2}}}{1 + T |r - R|^{\frac{1}{2}}}$$

t = time the member spends within the group

T = time spent outside the group

r = radius of the group itself

R = distance between members

Here when the member leaves the group ($R > r$), the binding force becomes imaginary and even the imaginary force fades eventually with great time and distance.

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A member presently bonded inside the close group may feel outside forces as imaginary since they affect only his memory. Once outside the group he may feel that in-group forces were imaginary since he is currently affected only by the traditional forces of the greater society. To the dreamer the dream world is real: the waking world is imaginary.

Our formula for the strong force bond within the group reveals only the general tendency. Actually in hum a contacts there are several proxemic shells--as E. T. Hall¹ elucidated.

The coziest social shell, the most quickly bonding, functions at a distance where noses can touch. A caressing brush of two muzzle areas lights up the very primitive rhinencephalic area of the nervous system--a part so prominent in the rooting pig or the burrowing mole and even far more important in the earthworm. Auditory communication in this shell is most properly in soft, intimate whispers. Eye rapport, however, is not so practical. It is impossible to maintain more than four members this close, and the bonding is best if there are two men and two women. With three members this configuration is less stable than with one member of each sex or with two members of each sex. Strangely enough the same problems prevail in the isotopes of hydrogen and helium.

The second proxemal shell ranges out to the distance where one member can still reach out and touch another. Actual touching need not occur. Within this distance auditory communication is by soft voice. Eye language is at its best. Within this shell a football team can huddle. Most group therapists find a group of six or eight proper for a traditional therapy session. The same number is proper for a dinner party for it is about the largest group which can maintain a single conversation. A third stable number seems to be about 16 where at least normal voice level still suffices and where the Army finds the squad sergeant's voice still in control.

The fourth shell's radius begins where the member must raise and project his voice to reach the others. Good eye rapport is impossible....

The binding force for each shell might perhaps be expressed by its own formula, but it would be of little practical use because, within the fourth proxemic shell, members continually create and dissolve sub groups having different shell sizes and bonding energies.

Strangely the most stable groupings or shells of atomic nuclei occur with one each proton and neutron, 2 each, 4 each, 8, 20 and so on. But beyond this stage of description nuclear theory and group dynamics theory are no longer so isomorphic. And indeed I have procrusteeized a bit with all of these isomorphies to make them more useful. But as Aristotle² said in effect--an ingenious person is one who can use analogies that no one else has perceived.

Do isomorphies occur naturally or artificially?

In the late 1940s Kurt Lewin in Massachusetts and W. R. Bion in London demonstrated the ability of groups to pool their members' talents and work without any formal structured hierarchy or leadership. Strangely enough, Mayer and Jensen³ in 1949

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emphasized evidence showing that the atomic nucleus need not be considered merely a cohesive "liquid drop" as Bohr and Wheeler had formulated it in 1939. Nor need it be considered a concentric hierarchy of shells as were the atom's electron shells. In retrospect other physicists found there had been for years plenty of evidence that the particles in the nucleus were a sort of gas collection creating and dissolving various inner energy levels or shells which showed no fixed hierarchy nor concentricity. They seemed to cohere by an average strong force only 1/5 the energy of their kinetic agitation.

Thomas Kuhn⁴ (1962) explicated science's tenacious attempt to make a traditional theory or paradigm explain everything until suddenly science breaks with the old paradigm and honors evidence which has been available for years. Thus in the astronomy of the 1400s we constrained the earth-centered paradigm to keep on explaining evidence until suddenly that evidence seemed more readily explainable by a sun-centered system. Kuhn could have mentioned that the constraining paradigm was really an isomorphy extending into many seemingly unrelated fields. Significantly, in the late 1400s many people began to see their villages take up minor roles as satellites within a nation state. Was this loss of local centrality isomorphic with the loss of the earth-centered universe? Thus a cultural Zeitgeist common to all Western sciences and groups may lead each science to look especially for evidence which supports stylish concepts and paradigms which, of course, turn out to be isomorphies.

References:

1. HALL, E. T.: The Silent Language NY, Doubleday 1959 Chap. 10
2. ARISTOTLE: Metaphysics 982
3. FORD, K. W.: Classical and Modern Physics NY Wiley 1974 p. 1296
4. KUHN, T. S.: The Structure of Scientific Revolutions, Univ. of Chicago 1962

NOTES ON ORGANIZATIONAL CONSULTATION

Cf. Cyril Sofer: The Organization from Within.
Tavistock, 1961.

Plan of Book: Three case studies: (1) An industry; (2) a medical clinic and research facility; (3) an educational institution. Then, from page 97 follows a theoretical analysis: I. The providing of help or treatment; II. The scientific use of the material to which access was gained--the research material.

I. Method of providing help to the company (the social system).

- a. --Assembly and analysis of facts.
 --Administration of questionnaires and intelligence tests, individual interviews, group discussions.
 --Observation of production departments, with content buildup of systematic descriptions of key roles.
 Usually the facts found are already known by the company. Many facts may even confuse the consultant. The analyzed "findings" usually seem trivial because the company has already had in mind several solutions and the "findings" bear out one of them. (But the fact the company is being studied makes it take a better look at itself and to make sense changes--especially if group discussions are used.) But "findings" can give a proved-out basis for conclusions the company has suspected intuitively. They can reveal which of the "obvious" conclusions were really valid. The "findings" usually draw attention to role and cultural conflicts which were previously defined wholly as interpersonal problems.
- b. Redefinition of assumptions and expectations. Usually the company underestimates the ability of people to take responsibility, to cooperate, and to use ingenuity. The company's usual method of increasing work pressure is to increase the speed of work and not to expect an increase of quality of thought or the use of ingenuity or the revision of techniques by the workers themselves. The consultant gets the company to utilize these several resources by concentrating his work on certain key groups--in addition to the director. Expectations of the company toward particular people as only slots or roles act as self-fulfilling prophecies limiting the work itself. For instance, doctors as managers often expect too little of nurses-as-managers. The consultant's exploration brings the established system of reciprocal expectations among workers and managers into question and begs for a change in expectations or begs for a switch in roles or in direction of expectation.
- c. The consultant participates in planning and action. The assets of the consultant include: (1) Experience of how other companies solve problems; (2) Theoretical views and broad symbolic understanding of the general cultural styles and the modern trends in several disciplines; (3) Knowledge of how the company may use the professional resources in the larger community; (4) Personal "political" acquaintances with useful persons in the larger community. Using these assets, the consultant sets up a larger society for the use of the company. Sometimes the consultant sets up ways of permanently helping the company's self-planning or internal communication.

tions. He may encourage the formation of committees which formalize special inter-role channels. The supply sergeant may begin regularly to have lunch with the first sergeant on Tuesdays.

- d. Introducing innovations--evaluating and monitoring them. The consultant helps each sub-group of the company discover its primary task; and set up better ways of attaining it. After a committee or a ritual has been going for one or two months the consultant should help re-evaluate it. For often it has evaded its primary task.

The Similarity to Psychotherapy: The long-term intimate relationship allows the consultant to learn things the client usually considers his own business. The data are examined together so that the client sees it better. The data are continually worked over together until the client can use all of its implications. The kind of relation the client forms with the consultant becomes data itself (to the consultant at least). The consultant estimates the amount of stress which the client can bear and yet continue to progress. The client gets the use of his own resources which were not previously accessible. The client and consultant often delay the solving of a crisis--they pull it over so that the company can see the long-term consequences, the resources, and the desires implicit in the problem.

The Dissimilarity to Psychotherapy: The relation is developed between the company and the consulting institution, not between the company and an individual consultant. The professional relationship is not isolated from social, corvid relationships, but lunches and company, for instance, are used to build relations and to gather data. The "diagnoses" are more explicit, the directives more positive. The consultant thinks in terms of situations involving the group, not in terms of individual psychology. The unconscious material brought to light concerns group processes, not of individual psychology or personal dynamics. The nature of the external world is examined. The consultant and client examine the world the client has to face as well as the world of the client itself (the company's internal world). Psychotherapy, however, explores almost exclusively the nature of the client's internal world. The organizational consultant helps people to deal with the world only as they begin to act upon the world. Privileged communication is with the company, not with individuals, but there is a political-ethical responsibility toward the individual--a necessity to maintain good will.

Means of Access to the Company.

1. "Research." "--I will help you with some organizational problems if you allow me to observe confidentially your operation." Since good service is always combined with research and training anyway, this "open research" is a good approach.

2. Permission for consultation. The consultant gets formal permission from the higher echelons of the client to examine the lower echelons. The upper echelon council usually keeps some works isolated from the consultant's observation, e.g., consultant is not allowed in the higher staff meetings and decision-making processes. If sensitive communication is held continuously, however, with all company roles which could block the consulting work, then the consultation proceeds pretty well by this method.
3. Spying on the company. This is best done by examining a referred "patient" and getting company data from him rather than going to the company for further company "data on the patient's case." It is difficult, however, to study any problem except the one preoccupying the company at the moment. The order and timing of observation is not independently regulated by the consultant, and therefore is seldom "pure research."

Resistance of the Company (see also Special Defenses against Change, as given below in 18(1)).

1. The company purports enthusiastically that a drastic and impossible change is necessary. This is resistance to change.
2. The company purports/that more personnel or money are needed. This is a Parkinson's Law effect and is a resistance to any real change in output. The consultant, therefore, should get the company to make only easy changes at first. He should avoid recommending in favor of Parkinson's Law.
3. The company agrees enthusiastically with the recommendations, then forgets them. This is very common among school-trained managers. They develop easy enthusiasm but change it to enthusiasm for something else if not continually needed by the consultant.
4. The company presents the consultant with people filling only certain roles. These people's duty is to listen to the consultant, butter him up, believe in the new program themselves but not to communicate it clearly to the affecting workers. For example, the company may let the consultant work mostly with the company's personnel division, which agrees with the consultant but then only writes up recommendations on paper or it never lets the recommendations change any policy outside the personnel division.
5. The company makes a big show to the higher echelons of accepting the consultant but doesn't really communicate with him well.
6. The company blackmails or bribes or makes political trades with the consultant to get him to leave the company alone. The consultant may also be discredited by the company.
7. The company shows the consultant with false or exaggerated data which point to conclusions the personnel have informally decided upon themselves. For example, data may show that a certain problem is really entirely the fault of a certain person--he never has any good, his history reveals it, he is sick.

8. The primary company fear is that the informal contracts and the personally rewarding relations among individuals will be broken up. For example, there may be no more moonlighting, or "I may get an ugly secretary instead of my now pretty one," "I can't work the numbers racket or the football pool on the job any more."
9. The company becomes so dependent on the consultant that it can't move without him. (The company often fights such dependency by withholding information from the consultant.)

Resistances of Consultant. (Note: Company resistance and consultant resistance are usually part of the same process.)

1. The consultant dooms himself to failure by acting too fast--before the company has had time to look him over and to accept him as a person. The consultant may, of course, relate to the company only through one or two people who have gotten to trust him well, but this may limit his observation.
2. He may doom himself to failure by developing a relationship only with ineffective company members who do not have good communication or power lines in the company. Committing himself so much to these isolates may ruin the consultant's chances to relate to the more central people.
3. The consultant thinks of himself as one who is going to effect a drastic change or a cure all by himself. He will not let the company do it.
4. The consultant works on individual and personal problems of members and blinds himself to how the company's relations with individuals are changing. Such a consultant usually believes the individual rather than the company is the focus of the consultation.
5. The consultant gets puffed up and conceited over the idealizing which the company does to him after he has made a couple of points. He allows company members to identify with him. They may say, "I want to be a psychologist, too"--just as college professors often teach students to be teachers rather than to be engineers or managers. Usually such a consultant will also allow the company to concentrate mostly on human relations, so that production suffers.
6. The consultant allows himself to get sucked into becoming an informal or formal member of the organization, with a certain position in the hierarchy rather than a detached consultant who relates to all echelons of people pretty equally.
7. The consultant is frightened off by the first "disastrous" communications which ensue after he has opened up communication in the company so that unconscious material becomes conscious. (This unconscious material is held in individual minds or in interpersonal contracts. When it becomes "conscious" it is simply put into the formal channels of communication and work.) If the consultant is not frightened off but holds on to his work, the communications usually become more productive and less "disastrous." The loading up of the

company's communication channels by scary information is usually a form of resistance on the company's part rather than the breakdown of resistance. The consultant should remember that the company's blinding or idealizing of him are usually habitual mechanisms which the company has gained through practice on its own members and leaders.

8. The consultant falls for the pressure--often a flattering pressure--to make too early a diagnosis and recommendation or to go on and make big guesswork diagnoses and recommendations which are not really warranted by the data or by the consultant's contract.
9. The consultant falls for a similar pressure to do individual therapy. Such therapy diverts the company's, the individual's, and the consultant's attention from the primary task of consultation. The primary task is to deal with the group and its objective-problems--external and internal. Such a consultant often sees all problems as individual personal problems and not as group relations with itself or with the external world. Some consultants avoid such disastrous invitations to psychotherapy by showing idiosyncrasies of their own, thus relating themselves to the company members as a human colleague those work also is with the company and not with particular individuals.
10. The consultant makes himself indispensable to the company and therefore can't leave it to itself at the end of consultation. He acquires a vested interest in the company's incapacities.

During his moments of observation or investigation, the consultant is merely a person becoming impressed. It is fatal to ask himself, at this observing time, which principles of psychiatry or sociology apply here. Such a question comes after the observation, when the consultant is mulling it over. It is not the daily work of observation, but it is the "dream" after the day is ended which solves and theorizes.

How to Examine a Company:

1. Use agreement of the company's higher echelon as a background lever to obtain entrance and information to all other levels of management or work.
2. Use the proper courtesy to the director of any section--getting his permission to visit his realm.
3. Explain your mission to key members of the formal hierarchy of the company, beginning with the top, and win these people's trust. Remember that practical people do not trust science, they trust persons.
4. Search for informal leaders and win the trust of whatever ones are necessary.
5. Interview or questionnaire the data-carrying people who have the data significant to your mission.

6. Hold group interviews of variegated individuals who, when combined as a group, will have group data not available from individual people--here it is better to focus on "objective" task of the group and the company rather than on the internal group processes, even though explication of some group processes may help when the group gets stuck.
7. Do all the above work in the company's working and living places rather than in your own private office.
8. Make direct observations of groups at work.
9. Make a detailed study of some key roles and also of the individuals who occupy those roles--e.g., foreman, clown,
 - (a) The acts carried out by the individual--with the special skills and knowledge required for those acts.
 - (b) The presumed formal duties of the individual.
 - (c) The informal expectations of other people surrounding that role--what they really need from the role, what they habitually manipulate from it.
 - (d) The opportunities the role offers to the individual for manipulation or graft or the development of extra prestige...
 - (e) Lines of communication to various sub- and superordinates.
 - (f) The psychological pressures upon the role. How much does the incumbent have to tolerate?
10. Make some change in the company--e.g., invite some people to a group meeting or remove one worker from the production line for an interview--and see what the company does to adjust to this change. What other roles are affected? Formal? Informal? This will reveal some of the data for the above items (b), (c), (d), (f), (g).
11. Consider the economic, biological, medical, psychological, and cultural, anthropological, geographic, legal, historical, communicative (press regulating), and dramatic or recreational relations of the company to itself and to its members, to upper and lower echelons, to its ambient environment (its social and work climate), and to its clientele (its audience, military enemy, patient population, customers). The consultant cannot exercise merely one discipline such as sociology.
12. The consultant must work out of a group. He must be a member of a constantly changing and developing interdisciplinary professional group. Max: "It takes a group to understand a group."
13. The professional group working with a company has to be able to be, for a while a microcosm of the company and its associated companies, i.e. if is, a hierarchical company is consulted by a temporarily hierarchical professional group, even if the company is expected eventually to drop its hierarchy. The professional group of consultant usually cannot

alter a company without altering itself.

14. As the consultant grows in his conception of what the company and its leaders can do against their external world, and as he grows in his understanding of that world, then he must be sure that key persons of the company keep abreast of him, for the only improvement in the company comes from what the company does, not from what the consultant does. This is contrast to the assumption made by some doctors and social reformers that they know best and the public will just have to have its tonsils out, even if it doesn't understand why. The consultant may, of course, have a more cosmopolitan picture of the situation and may be able himself to lead the company to better works than its key men can; but this is not the consultant's duty. The consultant helps the company to do what it can do with the resources it is able to utilize. Success may consist in doing a fair job with mediocre resources.
15. Training of the social consultant (page 142).
 - a. A Bachelor's degree in Sociology, Psychology, Anthropology, or possibly Political Science. --Else the consultant doesn't become habituated to thinking about social phenomena. Without this thinking, practical experience can prove idle and not connected with the total style of the times.
 - b. One or two years of field research--academic or action-oriented--under academic supervision. On his project, the student-consultant must reveal a theoretical area, collect data, argue from pre-existing knowledge and new facts. Up to this point there is no difference between the training of social research workers and social consultants, but--
 - c. One or two years in a clinical organization--mental hospital, community mental health service, etc. with supervised experience in psychotherapy and group therapy, classroom study as teacher and pupil concerning social issues. Only thus can the consultant understand (1) transactions between client or group and the consultant or therapist, (2) the distortions individuals and groups give to their world, (3) the stress individuals and groups can contain and how they handle it, (4) the development of a traditional code of ethical responsibility which is not yet present among pure academic or research-oriented people.
 - d. Apprenticeship as a social consultant in a mental health field program--first acting as a research assistant or as a closely supervised data-gatherer in various companies and as an observer in other consulting institutions than his own. Example of such consultation could include prison, probation work, public health consultation, city management, etc.
16. Effecting organizational change:
 - a. More interaction with the consultant, especially in a group where people are free to discuss their feelings (1) increases communication among members so that new relations and solutions can be seen;

- (2) makes people examine their own self and their own group as the consultant is supposedly examining them.
- b. Organizational changes are easiest if the organization has (1) a short history, (2) no extra organizational ties which commit most of the leaders--e.g., big family interests, special religious affiliations, since family and religion have long histories, (3) limited or uneven success in the past, (4) high personnel turnover, (5) members dissatisfied with each other and with policy and work, (6) adventurous leaders or a new leader determined to make a mark by new contribution.
 - c. An organization is a unit. A part of an organization cannot be permanently changed unless the larger system of which it is a part is managed through that change.
 - d. Every change within an organization will reflect its relation to the external world--its ability to draw men and raw materials, the marketability of its goods, etc.
 - e. Every change in the environment--in type of services available, raw material, personnel, etc.--will show the internal organization in a new light.
 - f. A change can be permanent if opposing forces and people can find other outlets or if old enemies can join with new external projects or enemies.
 - g. A change can be permanent if it becomes ritualized, but too permanent a change may freeze the company so that it cannot change any further in line with changing times and needs. Groups, like individuals, are tied to their own past behavior. It is easier to repeat the past mistakes than to change the self.
 - h. Forces against change include (1) distortion of individual or group expectation of rewards and promotions, (2) uneven distribution of rewards resulting from the change, (3) success in early diagnosis and working out of change plans--because this success produces new problems and people usually prefer old problems to new, (4) the euphoria accompanying adventurous change--even though long desired--comes from an underlying doubt in the group's own ability to carry through the change. When the new plans hit reality the people become depressed, or they may become paranoid, (5) relations between the innovating group and the rest of the company become strained--reciprocal paranoia may alternate with euphoria and depression, (6) everyone will precipitate test cases designed to prove one of the points an individual or a group holds. An individual or a group may also hold the opposite point and later test-case that also.
 - i. Special defenses against change: (1) over-ambitious targets, so that failure is inevitable, e.g., requesting too much personnel or money, (2) preoccupation with internal problems to explain why we are not successful, (3) over-insistence on role-clarification, rules, work, internal structure, and other details instead of attending to the main external task in the world outside, (4) democratization of

a degree too high for the type or age of the company, thus equality of opportunity may be given to people with unequal ability, (5) preoccupation with welfare of individuals. This is the natural negative phase of the task which deals with the primary mission and with the external world.

- j. Conflict and problems in the organization bring problems to light so that the company can work on them if the consultant will keep the company's attention upon them and not let a quick scapegoating deflect attention. (1) One such conflict: The directorate tries to deal with a modern-day change in an organization by using methods appropriate to an earlier stage of organizational development.
- k. Different sorts of key men are needed at different phases of company development. It is not only different procedures which are needed.
- l. One of the most viable agreements a consultant can make with a company is to set up an innovating group--often called "research and development unit"--which is constantly involved with the directorate as well as with the working units. The limits of the innovating group must be clear; maximum protection must be given to the innovating group against pressure of operational needs and against the pressure to conform to tradition. The innovating group must have an open structure and be able to take in and let go new members with relative ease.
- m. Leadership must have an institutional wisdom rather than an opportunistic decision-making ability. The consultant should expect the leadership to have institutional wisdom.

TYPES OF GROUP THERAPY

Matthew D. Parrish - Decatur, August, 1972

Natural Groups vs Contrived Groups

A natural group is one which would exist even if there were no therapy being done upon it. Examples are a family, a baseball team, a legislative committee, an infantry squad, an office staff, a high school history class. Such a group is usually trying to accomplish some work as it faces the world outside the group—some groups work quite aside from any therapeutic improvement of the group itself. Thus the history class may be trying to learn American history. Of course, such a group may for a part of its life undergo therapy. For instance, family therapy may be applied to a total family. Some educational or developmental changes may be wrought in an office staff through a management workshop. This may be equivalent to therapy of the group. All of these natural groups have the advantage that the members can work productively upon some material, some audience, some market, or some enemy external to the group itself, yet the practice of some of these tasks can weld some of the bonds between group members and can help the group to develop and progress as a healthy group organism.

Contrived therapy groups, on the other hand, are groups which would not exist except that the members come together in order to get therapy. Such a group, for instance, might meet in a mental health center once a week and they might consist of a collection of people who have never met each other before and who do not work together in any way except in this therapy group. Such a group tends to concentrate upon pathology. Particularly it teases out the pathology of each individual within the group. The group finds it hard to concentrate upon pathology of the group itself—pathology of productivity or of organization or of pecking orders or of methods of getting work done. Natural working groups, however, find it easier to concentrate on the pathology of the group and somewhat harder to concentrate on individual pathologies. For members of natural groups do not automatically feel that they have met in order to discuss their own personal and individual pathologies. For these reasons it is easier to treat a group which exists for some productive work other than therapy.

One caution: Since so many people have read psychology books and since there are so many therapists trying to work with groups while remaining oriented only to individual pathology, a true group therapist has to stay very alert nowadays to keep the group action from moving into therapy of isolated individuals. In case after case, workshops for family, commercial and governmental teams have concentrated so intensely on analyzing individual skeletons in the closet that many members could no longer work together.

The Common Types of Group Therapy

1. Dyadic groups are groups which meet in a closed room with no other people present except the therapist and his client. These two people constitute a small group. The therapist must consider the action of

the client, the action of the therapist, and the progress of the relationship between the client and therapist--the history and development of the two-person group itself.

When such a group consists of a minister doing pastoral counseling with a parishioner, then God is considered a third member of the group. If there were no involvement of God the one member would not be a parishioner and the other would not be a minister--they would simply be client and counselor. If the group does consist of therapist and client, the third member is always the culture in which the group occurs. The counseling is done with a view to the mores and the prejudice of the society or culture which both therapist and client must face when they leave the office.

Another form of dyadic group therapy occurs when therapist and counselor talk to each other in the presence of an audience. For example, the group may make a videotape of the session. In this case the two members may not know what audience is going to watch them. In other cases they may hold their session before a known audience which watches through a one-way mirror in order to learn group therapy techniques or to get some vicarious therapy itself. In other cases the audience may sit around in chairs in the same room with the dyad. In such a situation the audience members are usually called group members and later in the session each of those members may be free to take his turn within the dyad. In other words, dyadic, or one-to-one therapy may be performed by having the therapist pick out one member of an audience after another to put on the "hot seat" for one-to-one interaction with him. The advantages of this are that the members of the audience who are not on the hot seat feel almost as relaxed and free of involvement as do members who are watching through the one-way mirror. Nevertheless, they get a lot of vicarious treatment and excitement. In addition, the therapist has a chance to perform and show off dramatically. This kind of therapy was often practiced by Dr. Fritz Perls, among others. So much for the dyadic therapies.

2. The group treats the individual client. In this type of group therapy the entire group focuses its attention upon one individual. The therapist acts truly as a member of the group and not as a god, aloof and detached from the rest of the members. Every member contributes in some way to the direct interaction between the individual in the "hot seat" and the total group. Thus an entire group, with various members in various interchangeable roles, is treating one individual. Later on, the group may shift its attention to another member.
3. The entire group treats the entire group as a group. In this situation the members have interchangeable roles but the aim of the entire set of roles is to improve the functioning of the group as a whole. It is possible that one or two individuals may not improve, or in fact they may worsen. Such individuals may receive therapy in another group or in individual counseling sessions, or they may improve later in the same

group. In any case, the group does not halt its progress merely to concern itself with individuals. It is seldom that a single individual actually must leave the group because most of the individuals who worsen are doing so as part of their role within the group. As roles are modified and interchanged among members this situation usually takes care of itself.

Groups Classified According to Size

1. The total access group. This is a group usually ranging from a group of two to a group of about fifteen, in which every member is able to communicate immediately with every other member. Usually this means that he can talk to any other member and can look at any other member. Nowadays there is such a neglect of tactile communication that most group workers have forgotten that communication by touch is very valuable. A group of fifteen may not, of course, have total access by touch among its members. If the group is larger than about fifteen it still can be a total access group, but the time taken for the group's processing of information is so great that there are usually several sessions of almost complete chaos before the group can get a feeling of how to get its ideas expressed in an orderly fashion without setting up a leadership hierarchy or some other organization to allow more artificial processing of ideas. Thus a group of fifty which has no special agenda will take about five 2-hour sessions before one member's utterance will be logically connected to the preceding member's utterance.
2. Pomegranate groups. These groups have the members arranged in sub-groups, like the seeds of a pomegranate. There may be two or three sub-groups clustered in the same room and communicating easily with each other. A special example is the fishbowl group, where a cluster of five or six people sit in a circle surrounded by the larger audience group of perhaps twenty or thirty. The members in the fishbowl carry on an active interpersonal therapeutic development, while the audience watches. There is usually a rather frequent substitution of members of the audience for members of the fishbowl. Thus, anyone with an urge to express himself can usually get to do it pretty easily. In the pomegranate type of group there is always a certain amount of interaction among sub-groups, that is, one sub-group as a whole affects another sub-group. It is not a question of merely one member affecting another member. The sub-groups themselves take roles.
3. Intergroup action. In this type of group there are several distinct groups meeting in different rooms, or perhaps even at different times. Each group as a whole communicates with other groups. Each group may play one particular role and these roles may be changeable among groups. A group may communicate with another group by descending en masse upon the second group. It may communicate by sending a messenger to another group. It may communicate by sending an ambassador to another group, empowered to negotiate in the name of the first group and to commit the first group to whatever he decides is the proper thing to do. The group

may communicate with others by electing a representative to a central congress or committee which decides what to do about the group's future work or development together. The intergroup activities usually are therapeutic for the groups as a whole and it is very seldom that any great attention is paid to an individual member as a person on his own. If he gets special attention it is because he is occupying a special role. Intergroup exercises are of value in training therapists because they make the members think in terms of whole groups instead of in terms of individual members. Following such training the therapist can usually revert to a total access group of perhaps a dozen members and yet can keep his attention upon the group development in such a way that individuals actually fare better in their own therapy than they would if he fragmented the group by concentrating on first one individual and then another.

Summary

I.

Groups classified according to origin.

1. Natural groups. (Concentrate on present group assets. Work on external tasks.)
2. Contrived groups. (Concentrate on individual pathology. Examine past troubles and inner thoughts or feelings.)

II.

Groups classified according to type of therapy.

1.

Dyadic groups.

- a. Two people isolated in a room.
 - b. Two people interacting before an invisible audience.
 - c. Two people interacting before a visible audience. Audience members occasionally take the place of one of the members of the dyad.
2. Entire groups which treat individual members. (The whole group attends to one member for a prolonged time.)
 3. Groups which, acting as a whole, treat the group itself as a whole.

III.

Groups classified according to size.

1. The total access group (two to fifteen members). (Every member can have immediate communication with any other members.)
2. Pomegranate groups (ten to hundreds of members). Several sub-groups act outwardly upon each other as well as inwardly upon their members (e.g., fishbowl).

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3. Groups which act upon external groups (20 to hundreds of members-- employing messengers, ambassadors, representatives to central boards, etc.).

A VETERAN OF THREE WARS LOOKS AT PSYCHIATRY IN THE MILITARY

The TV-Opinionated Soldiers and Civilians

Several years ago Marshall McLuhan¹ predicted that television would prevent a long war in Vietnam. For the American public could not long tolerate TV's insertion of the battle, the jungle, and the suffering people right into the American living room. In the summer of 1968 I returned from a year in Vietnam to find that the Americans who sat at home were far more confidently certain than we soldiers that they knew what life was like in the front lines, how Asians thought, and what ought to be done in Asia. Such was the dramatic clarity of news and editorial presentations that these Americans discounted the fact that their information was necessarily filtered and biased through the minds of the news operators. Communiques from the diplomats, the anthropologists, the businessmen, or the military men could only be mildly dramatic. They could never look exciting on TV. Battles, suffering, and argumentative editorializing do come across vividly on TV. In fact, TV practically inserts these vignettes into the public mind. It is the nature of TV to pick up these clear and dramatic images and to emphasize them. This has little to do with the integrity or the careful concern of the news reporter. The medium itself is the largest influence upon its own content.

Now, the soldiers in Vietnam were direct experiencers. They actually received whatever of suffering, enjoyment, and learning went along with that life. Even so, I found the soldiers interpreted much of what happened to them in terms of what they viewed on TV. Even in the midst of real experience they were not immune to this medium as message. By 1968 most soldiers had access to TV in Vietnam. Indeed, high-flying American aircraft relayed TV programs so that they could be received over most of the country. Nevertheless, TV could not completely convince the combat soldier that the world of TV was the entire truth and reality of Vietnam,

and when the soldier returned to the U.S. he would try to recount his personal feelings about Vietnam to the home Americans. He discovered, however, just as other veterans had discovered in WW I, II, and Korea, that he could really only talk to people who had equivalent experiences. He had to stay close to where the home Americans were in their thought. If we veterans recounted some adventures or feelings which were incompatible with what the public already was certain of, then our good friends and the people with whom we had to do business would tell us we were wrong. They would explain to us what Vietnam was like. It was easy to get ourselves accepted as long as we maintained, for instance, that there was absolutely no excuse for American soldiers to be in any overseas theater, that military doctors were crude and inhuman, that poverty and misery in the U.S. was far more important and more horrible than such problems anywhere else in the world, that the Communists were not serious competitors of ours, and that the less we learned from Asia, Africa, and South America the better. For the home Americans seemed to "know" from the media that the Vietnam war was more immoral than the Civil War, the Spanish American War, or World War II. They explained how we soldiers should feel guilty for fighting such an immoral war. I, myself, am surely influenced by these many colleagues who tell me what I must feel and what opinions I must have if I am to prosper in America. There is every reason for me to forget as soon as possible all that I have learned in Vietnam or Korea or World War II.

The Need to Forget What Seems Contrary to Our Theories

But doesn't this endanger psychiatry--this urge to forget? In some future war will we not return to the very high psychiatric casualty rates of early World War I, World War II, and Korea? Will we not find it necessary at great cost to rediscover the methods those wars revealed to us and which we so readily forgot between the wars (but fortunately we remembered in Vietnam)?

There are certain truths and certain practical procedures which human beings cannot bear to remember long--for example, the surgical principle that one does not suture up a contaminated wound. In the midst of mass casualties, however, suturing seems to be such an important and caring thing to do for a patient that the mass psychology makes surgeons oblivious to this and other hard-learned surgical experience. In the Worcester, Mass., tornado of 1953, surgeons worked heroically far into the night suturing some 300-odd contaminated wounds. We can predict that under similar conditions this will surely happen again. The military takes great pains to be sure that this sort of thing does not happen in combat. So many of the surgical and psychiatric principles seem to show less concern for individuals, even when they are showing the most possible concern, that the medical leaders in the military can only receive condemnation for advocating these principles. The greatest emotional rewards come when the military doctors forget these principles, that is, until combat begins. What are some of these principles? --In surgery, very extensive debridement of wounds made by high velocity missiles, colostomies for every penetrating wound of the intestine, guillotining for all amputations, no suturing of contaminated wounds, etc. --In psychiatry, no direct evacuation of purely psychiatric casualties to big rear hospitals regardless of the seeming chronicity of the disease, assignment of a psychiatrist to the staff of every combat division, maintenance of the patient's group identity with his fighting unit, immediate psychiatric management of the casualty in close proximity to the scene of stress in an atmosphere of strong social expectancy that the symptoms are transient.²

Psychiatry's hard-to-remember truth is the fact that a psychiatrist does not cure a man's anxiety concerning combat by simply evacuating him from the combat zone. On the face of it, it appears cruel to retain men in combat, whether or not they are sick. Nevertheless, hard experience by many countries in many wars has shown that to evacuate such men far from the combat zone only increases their

inability to tolerate stress. Such evacuation makes attractive a career as patient in order to cover the sense of failure and the guilt of now abandoning the peers who suffered the same stress but were not evacuated. It makes many men psychological cripples far into the future--long after the war is over. This principle is so hard to accept that the veteran who has had some shock in a war zone gets automatic sympathy from millions of people who believe that he should, by humane right, be allowed to remain sick. Some pension systems are even now set up in such a way that the veteran is actually required to remain sick--in that if he improves psychiatrically his pension is taken away from him.

The "Two" Psychiatries

The popular national game of "if it weren't for the military..." seems particularly to intrigue some doctors because they naturally resent the special draft of doctors by a citizenry which wants good medical care for the citizens in the military. For any who want to play that game in the medical literature I'll discuss the usual complaints:

1. The military psychiatrist maintains his primary commitment to the military service rather than to the individual patient. Yet by far the majority of military psychiatrists have been trained in civilian life and have practiced there. In their personal work with any soldier they express whatever opinions seem professionally appropriate to them. Thomas Szaz's "Bootleg Humanitarianism" is not confined to civilian practice. I have seen young psychiatrists in the military convince themselves that a temporal lobe seizure caused a soldier to steal the key to the supply room, take out a rifle, load it, drive to his sergeant's office and shoot him. The biggest difference from military practice is that the private psychiatrist is seldom working for a social group or community. He is working for the pay he gets from the sick people he treats. It is very hard to get treatment from a private practitioner without paying. In the military,

however, the patient does not affect the income of his psychiatrist.

Beginning in WW II the military set up centers with a community psychiatry approach. A dozen years later we in civilian life also began to utilize this approach as we realized the value of family therapy, of neighborhood network therapy, and of psychiatric cooperation with schools, churches, unions, industries, and personnel managers. The community psychiatrist now feels he knows more about his patient because he sees him in the context of his family, his neighborhood, and his employment. Some of these groups, for instance, may scapegoat the patient. Civilian community psychiatry may so improve the relationship between a particular hospitalized patient and his community that it will pull the patient out of the hospital and reinsert him appropriately and usefully into his community against the protest of the pure hospital psychiatrist. For, seen against the background of hospital life the patient himself was unchanged. The community psychiatrist often works under a board of responsible citizens and utilizes a team of rehabilitation workers, community agency consultants, and family therapists. He feels he knows much more about the total problem of the patient and has much more power to bring help than does the psychiatrist who is confined to a hospital or an office practice. In some instances psychiatry (in either civilian or military life) is dominated by the type of management found in "hospital and office psychiatry," and in other instances it is dominated by "community psychiatry."

2. Military psychiatrists do not keep confidential their patients' utterances. Yet in over twenty years of psychiatric practice in the military I was never forced to reveal anything a patient told me in confidence--though I was a witness at many court-martials and boards. Furthermore, I know of no other psychiatrist in the military who was so forced. Just as in civilian life, of course, a patient charged with a crime may be sent to a psychiatrist for evaluation. In these cases the military requires that the psychiatrist make certain

the patient understands that whatever he says in this interview can be used against him as evidence. In court, the attorneys ask the psychiatrist whether he explained this principle of military law to the patient. If the psychiatrist did not, then his testimony cannot be used at all. Whenever a self-referred patient of mine was later investigated for some alleged misdeed, the investigators would ask me what I knew of the patient's behavior, thoughts, etc. Since I had not told such patients that their utterances could be used as evidence against them I never had to reveal any such confidences. Thus the psychiatrist has no conflict when the self-referred patient reveals homosexual proclivities, for instance. Conflict arises, however, when the patient says he has just murdered his children and is going to murder his wife as soon as he can catch her. This conflict about confidentiality exists also in civilian life.

3. The transference relationship may be "distorted" because the patient sees the doctor as an officer as well as a human being with medical knowledge and skill. Furthermore, the psychiatrist himself may be unhappy with the money he is making or the climate he lives in. Yet I have noticed some civilian psychiatrists who are likewise unhappy with their lot. This may further distort the transference but all transference is, by definition, a distortion and is no less useful a phenomenon simply because different attributes are distorted.

4. The military psychiatrist is often experiencing the same conflict that creates the patient's symptoms since they may both be exposed to artillery fire or to difficult policies from High Command. Yet in civilian life--and especially among black and Spanish-speaking people--I hear the complaint that the upper-class Anglo psychiatrist cannot understand "our problems" because the living conditions and the prejudices do not affect him. Perhaps the most misled of all psychiatrists is the private practitioner who believes that his world is completely unaffected by the social conditions which affect his patients.

5. Many military patients are character and behavior disorders who are merely looking for secondary gain. In the military, a psychiatrist is sometimes considered to have too much control over the life of his patients to allow for a proper human therapeutic relationship. Military doctors can "order" their patients into a hospital because the military Command has generally gone along with this policy. Yet, if Command opposes the hospitalization of a patient, the patients and doctors complain bitterly. They want the doctor to have this power. In recent years, civilian jurisdictions have made quite a furor about the confining of patients for years and years on the "back wards" of hospitals without due "process of law." Private psychiatrists have often referred these patients to such a public facility because they are too difficult to manage in private practice. In the military it is extremely rare for any psychiatric patient to remain in the hospital for more than a few months.

In the years from 1960 to 1962, when I was on duty in the Army Surgeon General's office, I made a record of all the draft rejections for psychiatric reasons. These rejections were for mental disease, not for mental retardation or delinquency. I expected that the anxious life in the big cities might require twice the rejections in Philadelphia as, for instance, in Columbia, South Carolina. But to my surprise I found that consistently the psychiatric rejection rate in such cities as New York, Philadelphia, and Los Angeles was 12 to 15% of their total medical rejections. The rate in smaller cities such as Columbia, Atlanta, and New Orleans averaged 0.1% of the medical rejections. Is it possible that these big cities have 120 times the psychiatric disease that the smaller cities have? Is it possible the draftees of the former cities find a military career more rewarding? Is it possible that there are more psychiatrists in the big cities and more money to pay for a psychiatric opinion pronouncing these citizens too sick to be drafted? I checked on the number of psychiatric discharges

from the service, expecting that the proportion of such discharges might be lower among those from the big cities, but the rate of discharge for psychiatric reasons was about the same. Very strange.

6. Any doctor who patches up a soldier's body or mind is only making it possible for the soldier to go out and kill people, or even perhaps to be killed. This is equivalent to patching up a cannibal to go out and eat more people. Perhaps it is better for military doctors to help their patients to maintain a "million dollar" life-long handicap in order to avoid the risk of combat. Yet, in many civilian jurisdictions it is, of course, quite proper to kill unborn babies when their mothers are mentally disturbed. The unborn babies are less able to resist than the enemy soldiers are. Besides, the babies are even easier to dehumanize because no one sees them face to face. What is morally right and wrong seems to depend on what is popular in one's current society.

7. The psychiatrist who sends a soldier back to combat only sets up the soldier for a psychiatric breakdown six months or so after combat. We who live in the U.S. "know" that war is horrible and therefore it must produce many psychiatric casualties. The London blitz should have produced them too. The fact that Vietnam and the London blitz did not immediately produce these casualties must mean that they will occur later somewhere else. A community psychiatrist might say, "There were no delayed reactions to the Blitz because no community or class needed such protests." Many need to believe, however, that myriad psychiatric casualties should have occurred in Vietnam but were perhaps suppressed by some technique of the combat psychiatrist or his helpers. If neuroses should not bloom out later it might indicate that combat strengthens egos instead of weakening them. We can't let that seem true. Therefore, we must look for delayed symptoms; we must expect veterans to develop symptoms perhaps six months or a year after combat.

A six-month post-combat syndrome would have a pay-off not only for us who want to avoid Asia and recall overseas armies, but also for the veteran. He would get special treatment for a service-connected problem and possibly get a pension. Witch syndromes were quite valid in Salem when our social expectancy gave power to such syndromes. The Dow Jones Index influences, through society, the very stock market it measures. Voting surveys influence the real voting to come. In a similar self-fulfilling way we can produce a iatrogenic syndrome. The psychiatrists need it; the veterans need it. But such a delayed syndrome follows in continuity with present social expectation, not with the long past stress of combat itself.

Expansion of the Professional Self-Image by Learning from the Military

Every day the military medical departments unabashedly learn from civilian teachers and consultants. A few civilian medical institutions also greatly enrich themselves by similarly learning from military medical teachers, practitioners and authors. Other civilian groups, however, deposit all cruelty and all stupidity in the military services, and even in the military aspect of the President as a person. This operation produces the illusion of two segregated, autonomous medicines.

A paranoid segregation of all civilian and military professions and practices leads to two possibilities: (1) The military takes over the civilian government--as it did in the Roman Empire and in many modern Third World countries; (2) Some foreign country takes over the "peaceable" nation--as Genghis Khan and Cortez took over peaceable cultures far more highly developed than their own.

Whenever civilians realize that military responsibility is an element of the personal self (whether it ought to be or not) and whenever they regulate the military by sharing in those responsibilities, and encouraging their sons and daughters to do the same, then the military services become a civilian defense force--however professional it may be. World peace becomes a possibility among

independent nations (for no nation can even be an independent member of the U.N. unless it has adequate military services). Each citizen, moreover, develops a broader self-image. Each psychiatrist, able to learn from both military and civilian societies, broadens his ability to serve any community with its variegated stresses.

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A PSYCHIATRIC VIEW OF ECONOMICS

Matthew D. Parrish, M.D.*

Most market activity today is a process of obtaining and controlling changes in mood.

The Value of Mood Change

Economists usually speak of economic demand as created by human desire. If many people begin to desire something formerly considered useless (such as a stuffed toad or a picture of some particular Skid Row character) then the economist considers this desire an economic force which produces good market activity. Once a person's bare essentials of survival are met, however, most of his economic desire amounts to a striving for a better personal feeling--a better satisfaction, a higher degree of happiness. Now, with much of the world living in an affluent fashion and with the rest of the world in close advertising communication with the affluent people, there is even more tendency among the masses to drive toward satisfactions and happiness, and there is less concern about bare survival.

But what does happiness amount to? A constant level of culinary satisfaction, for instance, would lead to monotony. The most pleasant feelings develop with an increase of hunger, a satisfaction of hunger, then a return to hunger, in a somewhat rhythmic fashion. People attempt to maintain an irregular rhythm of mood change. This need for mood change produces demands in the market. We usually buy a cert. in automobile rather than another at the same price not because the first one provides better transportation but because we get a more pleasant change of mood when we speed along in the first car or when people see us drive it.

The Example of the "Total Institution"¹

Let's take a society that is miserable--the members don't have enough to eat, there is no way to get ahead in the world. Just imagine the wretched life: the rain problem--how to find shelter; the boredom problem, the cold, the unfriendliness. Members of this society who see other people living much better, aspire to have better things for themselves. Imagine something similar to a ghetto. For example:

1. A prison, where everybody's life is controlled and no one can get out of that environment.
2. A ship at sea, with sailors confined to that floating world.
3. A factory, where people are monotonously working and trying to tolerate the long work day.
4. A classroom, where people are pretty much forced to go to school by the authorities or by the need to get employment. They are not

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interested in the classroom nor in any action that goes on there. They are really interested in graduating.

All these people are in a ghetto kind of world. Goffman¹ considered some of these worlds "asylums." Such people want to change their moods. They value any agent that can help change their moods. Such agents may be:

1. Drugs--including alcohol, tobacco, tranquilizers, and perhaps tea and coffee.
2. Food.
3. Sex.
4. Violence, including accidents, war, court battles, "sharp" business practices.
5. Entertainment--including sports and games, hobbies and gambling.
6. Work.
7. Religion.
8. Indebtedness, or the process of getting into debt--including shopping.
9. New information--including gossip and study.
10. Self stimulation.

1. Drugs as Mood Changers

Any drug will change mood, but some drugs are better than others. Strychnine, for instance, will produce convulsions and even death--that's a very powerful mood changer. LSD will produce craziness, the subject will see all kinds of objects in brighter colors and more shapely shapes than he ever saw before. The objects may be the same furniture and pets but they are more brilliant, they are more full of meaning, more fearful and lovely. The subject has a fantastic mood change. Sedatives, however, will quiet down anxieties and send one off to dreamland. That, too, is a change of mood. Drugs are absolutely wonderful at making these mood changes and they are very much needed in a society that is full of monotony. In the Long Binh jail riot in 1968, prisoners broke into the dispensary and gobbled up pills by the handful--any kind of pill, aspirins, sedatives, anything--they didn't care what effect it had just so it had some effect. Any effect was a change and any change was assumed to be good.

2. Food

Drugs overlap the area of food. Some people consider coffee and certain vitamins or hormones as a form of food. Nevertheless, they can change mood. Roast beef or a bar of candy can also change mood. They can bring a quiet satisfaction and prevent irritability. People on reducing diets are often irritable. Food is especially important in a monotonous environment like a jail or a factory, where people sit around and watch the clock and say, "Hurray! It's

only 20 minutes till mealtime." Partly the relief is due to the "drug" effect of the food itself and partly, of course, it is due to the event of the meal. For any event or adventure may change a mood.

3. Sex

In a ghetto, a school, a prison, an idle group, sex becomes an important mood-changer. Homosexuality, masturbation, rape, courtships--all these things change moods.

4. Violence

Violence will quickly change mood. If you get a tooth knocked out the change is pretty strong. If you knock out somebody else's tooth that also changes your own mood. Violence helps you to express anger and to feel pity. One end of the spectrum of violence is exercised when you burn down houses or kill people. The other end is exercised when you experience violence vicariously. When you sit and watch a house burn down or you watch the police quell a riot, you are not participating in it out there with your body but you are out there with your mind. Accidents also relieve boredom. A bored or angry man may drive a car in such a way as to make it a little more likely that an accident will take him and others out of the present routine. An overtime workman may deliberately let the paint bucket spill so as to relieve the current work strain. A train wreck provides relief from the monotony of my going to work today. I will perform twice the work in rescue heroics and will attain a self-satisfied hero's mood.

5. Entertainment and Celebrations

You may also look at the violence on TV. You may spread around yourself a newspaper which describes these terrible things. This vicarious experience is not quite as strong an experience as arson or murder. It is the quieter end of the spectrum, but it is very influential. A TV show, for instance, inserts a new mood right into your room. A movie house provides a dream world for you to insert yourself into. The movie uplifts, depresses, fascinates. Entertainments of all sorts bring mood changes. Caesar's "bread and circuses" certainly made a mood change. The entertainment carried people along, satisfied them, and they didn't have to protest so much about city problems.

Gambling as a form of sport or entertainment has special value in the ghetto or in a "total institution." This is particularly so when a member gambles against great odds, for psychologically he really cannot lose. Suppose he bets a dollar on "the Numbers." If he loses, he says, "Well, what do you expect? It was 1,000 to 1 against me. How could I win?" On the other hand, one time out of a thousand, he wins. He takes in \$600. Then he says, "Wow, somebody up there loves me, I'm great, I won \$600 for that one dollar and the odds were a thousand to one against me!" Investment at 12% cannot possibly provide such a beautiful mood change.

Places and times customarily set aside for people to "go crazy" allow people to be sane and sober at other times. Traditionally, these relieving situations include fiestas, parades, bars, circuses, hangings, mental hospitals, football games.

6. Work

In the "Protestant Ethic," work often takes the place of many of the other mood-changers. Some men dedicate themselves so much to work that they need very little drugs, sex, violence, sports, or other entertainment, and they cannot understand why anybody else should need very much of those things.

Poor children in the depression of the 1930s stuck to monotonous or degrading jobs. Poor children in the affluent 1960s thought they deserved better. They seemed, therefore, to become more susceptible to drastic mood-changers such as drugs, violence, and non-traditional religions.

7. Religion

Especially to people in misery, religion brings hope and the ability to detach oneself from the iniquities of present life. Its reassuring rituals bring a confidence in the predictability of some events. Even devotees of science can avoid some disturbing emotions by immersing themselves in a faith that the universe is reasonably ordered.

8. Indebtedness

High pressure advertising and the prestige which society accords to "conspicuous consumption" of certain goods gives many people a thrill out of buying a new car or a new set of silverware which perhaps they could very easily do without. The anxiety and concern produced by the bills which come in when these people buy on credit provide another change of mood.

9. New Information

The excitement of gossip, high pressure advertising, bad news, or the self-absorption of academic study or of meditation also control mood or encourage changes in mood.

10. Self-Stimulation

When there is not much sensory stimulation in the environment, even the most normal people will turn to forms of self-stimulation, such as talking to themselves, writing, rocking in a chair, playing solitary games, masturbating, hallucinating. All these self-stimulations help to regulate moods.

The Commercial Use of Mood Changing

Advertising, of course, makes use of the prestige attached to "conspicuous consumption" or the seduction of sex or the elation of entertainment or music. It promises further mood change if you buy the advertised product. As far as mood changing efficiency goes, there is no distinct threshold between a drug, a celebration, and a piece of new information. Most physicians, indeed, know the popular reputation of a drug is often its most potent ingredient. The fashions and emphases of usage among the various mood-changers determine the course of commerce in a society. These fashions determine the spending habits and the production habits. Advertising and education influence the fashion. The people's

fashionable employment of a certain mood-changer then modifies, in turn, the kind of advertising and other education arising in the society. A businessman who can predict or control the fashion of usage among mood-changers can obtain some great new mood changes for himself as he gains more prestige and ability to control people and spending.

To increase production among workers, management may purposely introduce a "Hawthorne effect." It may change the lights in the factory, redecorate the work spaces, or institute a coffee break.

The mood-changes occurring every evening and weekend promote better production during the working hours. Workers will tolerate the irritation of the 8-hour work day if they can get relief by returning to family squabbles and TV the rest of the day. On the other hand, the mood change provided by work allows tolerance of the eventual irritations or monotony of home life. Work usually has the added advantage that one is expected to complain about it and to seek an unreachable relief. A man who complains about home life may be considered a crank.

I got the impression from living in Japan that Japanese businessmen could tolerate a very high level of strain and rigidity at their highly competitive Western type of business life because their home life was so comfortably relaxing and oriental. Typically, on arriving home a businessman took off shoes, donned a kimono, had a long hot bath, assisted perhaps by wife or maid. Even the lunch break for many businessmen included personally congenial waitresses influenced by the geisha tradition. American businessmen of comparable status resorted to the martini in a more mechanically commercial atmosphere. The Japanese ability to arrange appropriately drastic mood-changes and reliefs allows the people to face greater stresses and accounts for some of their ascendancy in world commerce.

Social Target Organs

A drug, a recreation, a piece of news, a teaching process, a sexual activity, or a food is always targeted toward some part of the society. A tranquilizer, for instance, may be inserted into a neighborhood or a suburban school society. In most such societies the tranquilizers are taken by the mothers, though a few may be taken also by the teachers. The target organ for the tranquilizers is then the mothers. They take them in order to live with their children, their husbands, and their monotony at home or at work. It becomes fashionable for mothers to take certain minor tranquilizers. Alcohol may be targeted more toward working men, and marijuana more toward school children. Nevertheless, a drug or its equivalent in violence, sex, food, etc., does not merely affect its target organ within the society but it affects the whole society. If the teachers or mothers are on drugs the children are affected. If the children are on violence or sex or over-eating, the fathers and mothers are affected.

Some events which are combinations of news and violence afford mood relief to almost all sectors of the society. In the 1800s, hangings provided this sort of thing. Hangings were in high style in those days. People used to go out and watch them. "We have another hanging coming up this month. Who did they hang

last month? Do you remember that? Oh, yes, that was a good hanging." Nowadays a hanging and other forms of execution make very little splash, however. They are fading out of fashion. Their place has been taken by hijacking. "Was any plane hijacked last week? No, that was a quiet week, wasn't it? I wonder when another one will be hijacked. Did they ever catch that guy who parachuted with all that money last month?" A drug will affect the social sector where the particular drug is in fashion. If a drug is not in fashion, it will affect very few people. It may, in fact, only affect the person who takes it, and he usually will be something of a "loner." If you are not a loner you will tend to take a stylish drug. Nowadays there are a great many fashionable drugs to choose from, but even so, only certain drugs will be stylish for your particular class. The working class can take alcohol or barbiturates but not LSD, for LSD is not in fashion for them this year.

There are also styles of social concern about mood-changers. In the past couple of years there has been great concern about the use of heroin, marijuana, and other "drugs." There was much less concern, though, about alcohol, although it was having much more effect on the productivity of our society than the old drugs were. Nevertheless, because people worry more about, say, marijuana, the effect of that drug on the society's mood may actually be greater than the effect of alcohol--even though alcohol is killing more people by far than marijuana is. Because of marijuana's fashionableness and because of its reputation, it changes the social mood very drastically. Society pays a lot of attention to it, gets a lot of entertainment out of it or a lot of righteous excitement. Thus a relatively cheap and harmless drug may be used to substitute for those more helpful to the mortician--tobacco, alcohol, and excess food. Furthermore, the excitement and the mood change is just as great.

Sometimes whole nations are target organs for mood-changers. When a nation gets established in small rhythms of mood-change there is no necessity for either increase or decrease in progress. There is a rhythmic sort of steady state in society and a high degree of contentment. Some other nation, however, may be in a cesspool of misery and will not seek rhythmic alterations in mood. It will go for a grand change, usually effected through violence if, as is usual, such a country has a high degree of racial or cultural vigor. This haven-not nation will then produce an automatic mood-change in the contented nation--involving it in police action or war.

Interchangeability of the Mood-Changers

Back in the 1950s the people of Harlem complained that the increased use of heroin had satisfied the white people by decreasing the violence and the riots in Harlem. Marijuana and alcohol had not been so successful at decreasing violence. The marijuana had moved from Harlem into the suburbs. Eventually, of course, heroin moved into the suburbs, too--finally even finding its way to Viet Nam. We might also decrease violence in the mid-city if we inserted basketball baskets into the backyards or perhaps if we roped off more streets for play and entertainment. It would seem that if you want to eliminate drugs you might be able to do it by increasing sexual activity. Or you can eliminate sexual activity by increasing work or entertainment or violence. Religious conversion can eliminate several mood-managing activities. We have all seen it on occasion eliminate sex, drugs, violence, entertainment, and even food.

Special Effects of Certain Mood-Changers

Most regularly taken drugs tend to maintain the status quo. Perhaps tranquilizers do this the best. Thus, some drugs may effectively change people into sheep. That's a pretty calm status but not necessarily the way human society survives best. When tranquilizing drugs have taken away your anxiety or concern about events, you don't learn anything, you can't even receive operant conditioning very well. You don't respond to rewards and punishments, you just don't care. That keeps any change from occurring, it keeps any learning from transpiring. Other drugs, such as the stimulants, tend to make people more anxious and jumpy. This may be uncomfortable but at least it is a change in mood. Since their jumpiness is not very productive, the stimulants don't usually change the status quo. The most they do is not produce riots or some unreasonable activity. A really good calculating criminal will be more effective if he is not on drugs.

Work as a mood-changer can modify the status quo. Work itself becomes for the middle class a big virtue. The middle class will start a new work project or a new sales drive in order to change the mood of the group. Everyone gets caught up in the enthusiasm of the new project. They come to work earlier. This work project then relieves them of other troubles they may have been experiencing outside of work--trouble with their neighbors or maybe with their church. So they don't come home until midnight. They stay out planning great things. Their whole mood is changed.

For the ghetto, however, work is not so valuable as a mood-changer because the ghetto member doesn't think he's working for himself. He is working for "the man" and he's only working in order to keep body and soul together. His real interest is in other mood-changers such as entertainment, sex, food... He doesn't get any benefit out of the work except just the money. The middle class man often gets a lot of prestige, on the other hand, and he thinks he's working for himself. Among the ghetto people the hustlers come the closest to the true middle class entrepreneur. They often work for themselves and nobody else benefits. The only trouble is that most of the hustling projects are short-term ones. Anyway, hustling and crime in the ghetto sometimes does take the place of work. It does for the ghetto people what corporate organizational work does for the middle class. This corporate work enables a person to engage in rather violent and dirty competition while still considering it a virtue. Some businessmen who succeed in ruining their competitors feel very successful.

Sex is probably the least practiced among bankers, politicians, and lawyers. Hard-working people have little need and little time for sex or food or violence. Although it is possible for them to be addicted to two or three things at once, few of them are addicted to an inordinate amount of sexual activity. Sometimes they pretend to be, however, and even (with secret joy) get into trouble because of their pretense. Sexual activity is even more inhibited among narcotics abusers. Sex addiction itself is most common among young people who have not yet developed a good strong addiction to work, to food, or to drugs. It is common among both young and old in the total institutions or the ghetto.

So there are these equivalents--drugs, violence, sex, food, sports, work... They all have the effect of changing mood. Now, not one of these activities is really in itself abnormal--not one of these general categories. What's abnormal is the addiction to some categories to such an extent that the addicted communities don't really accomplish what they want to accomplish as a society.

Mood-Changers and the Management of Mental Illness

In any one community a certain amount of deviance--mental illness or delinquency--is considered appropriate at certain places and times, and inappropriate at others. Appropriate occasions are, for instance:

Disturbance of the peace: 4th of July.

Slanderous accusations against the government: Hyde Park, London.

Sexual license: Fasching in Germany, Christmas Holidays.

Transvestism: Halloween, On Stage.

Hallucinations: Religious revival meetings, seances.

Drug Stupor: Cocktail bar, hospital, private parties.

Cruelty to animals (vicarious violence): Bull fights, cock fights.

Exhibitionism: Bathing beach.

In any particular society, some established mood-changing institutions more than others will further social progress and individual well-being. Local governments, schools, and neighborhood associations can encourage these healthier institutions. Certain retreats, workshops, fiestas, seasonal fairs, and circuses, for example, might be developed further and used to augment the more continuously available resorts, churches, and entertainment houses. People can be expected to stay in mental hospitals and jails only temporarily. Other places and times can be allocated for the legal and healthy exercise of deviance in order to help manage these problems.

In the United States today there are some forty "lodges" developed in mental institutions and composed of psychotic people who are now functioning commercially and domestically outside of hospitals. The idea for these lodges--² which essentially contain no professional staff--was described by Fairweather.²

Many communities now realize that the control and management of deviance can only be done effectively by the same community which produced that very deviance. New attitudes toward mood-changers and new uses for mood-changers can help a local community to control its own deviance. Not only can emotion released in revival meetings replace alcohol as a mood-changer, but a neighborhood's expectations and attitudes toward the man who has just bought a new Cadillac may prevent another neighbor from going into debt in order to attain a Cadillac mood-change. A good service cannot often create new institutions to change moods but it can at least refrain from discouraging the use of old ones. Certain mental health staff members, furthermore, retain membership in such institutions. Some belong to one church or recreation group and some to another. The community mental health movement, then, should encourage mood changes in places and times beneficial to the individual and the group--even to a point that in other situations would be considered mad. A mental health worker can make his own list of the mood-changers available locally and he can select certain ones for his clients to participate in, either personally or vicariously, at permissible times and places.

¹Goffman, Erving. Asylums. N.Y.: Doubleday-Anchor, 1961.

²Fairweather, George W., Sanders, D.H., Cressler, D.L., & Haynard, H. Community Life for the Mentally Ill. Chicago: Aldine, 1969, esp. pp. 322-343.

MODERN CHANGES IN CONCEPTS OF BOTH TEACHING AND COUNSELING

By Matthew D. Parrish, M.D.

Here I will enumerate several areas where recent changes in points of view have resulted in better teaching and counseling.

1. The worth of the individual. The perceived worth of the individual fluctuates with the times. In tragic playwrights--Aeschylus through Euripides--the characters were kings and princes with their childlike servants and subjects standing as foils or as background to the nobility. The sublime thought and the deep feelings occurred in the nobility. That's the way people expected it. With the New Comedy of Menander a couple of centuries later, the everyday neighbors next door had become the characters in a comic drama. Some say that this happened because the government had become so oppressive that only family comedies were considered safe to write. Any political issues had to be avoided. Durrenmatt in our times said, "Whoever pipes at the last hole understands only comedy." Perhaps that's the natural end of any history of drama. In the Western world, Oliver Goldsmith's play, She Stoops to Conquer, characterized only common people, and so did many other plays of that time. Unlike Shakespeare, these later playwrights allowed the audience members satisfactorily to identify themselves with the everyday human foibles and jollies--not to aspire to the poetic ideal qualities of Hamlet or Macbeth. Today, however, the common man in his individuality seems to be important on a higher plane than the importance one found in those earlier examples. I think there are two reasons for this:

(a) Knowledge has been spread worldwide to the common man through cheap printing methods and, later, through other media, culminating in TV. However unbalanced the education afforded by commercially controlled TV, that education, nevertheless, makes common to more individuals an extensive but ephemeral range of information. This sort of information power has lowered the voting age to 18. Advertising methods have revealed to the common people what is available to them in the world and have led them to expect they can enjoy most of it. The greatest tension effected by this release of individual power is not between the haves and the have-nots within the United States itself, but rather, it is between the Americans and the poorer people of the world. Ninety percent of the so-called poor people in the United States are richer than the average people in some poor countries. In Korea right after the Communist war, for instance, I saw no paper nor tin cans in the street--as we Americans expect in our own poverty areas. Such trash in Korea was a valuable commodity. Many truck bodies and house sidings were made of tin cans. Some Koreans boiled up American garbage for soup. The most important fact, then, is not that Mr. Rockefeller is so much richer than Mr. Shifless, but rather, that North America and Europe are so much richer than Africa, Asia, and South America.

(b) Powerful individual weapons and skills are now available. Molotov cocktails, tin can bombs, homemade LSD, other drugs and poisons, and powerful 1- or 2-man weapons such as the M-16 or the new mortars and rockets, have made it possible for any individual eventually to kill any person he wishes or to destroy any building he wishes. There is no such thing as an effective law to ban weapons, drugs, or even murder. If people choose not to hurt each other in these ways it will probably be because of a group spirit--not because of laws. Leakey's archeological work (as revealed in African Genesis¹) indicated that it was primarily the development of weapons which set man apart from the apes and started him on the road to civilization and cultural development. Today we have another African

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Genesis in that individuals, small groups, and small nations must be reckoned with because their individual knowledge, their skill, and their weapons at hand will make them be heard. They cannot be completely quieted by big military or police operations.

2. A new understanding of group dynamics and the power of groups. In the past, economists have considered that a large group with proper division of labor could produce things more cheaply than a small group--the larger the group, the cheaper the produce or the service rendered. But Parkinson's Law,² the Peter Principle,³ and the Catt Concept⁴ have shown that inefficiency cannot be weeded out of extremely large organizations or governments. Small corporations employing 1,000 people can often produce electrical apparatus more efficiently, for example, than large companies such as General Electric and Westinghouse. It was probably this inefficiency which led the large companies to the price-fixing scandals of the mid-1960s.

3. The demise of the idea that the lower class in its socialistic demands merely expects the upper class to share wealth. For instance, the old idea held that the richer upper classes may have to share the same medical facilities as the poor--instead of participating in a separate, elite system of health care. People usually drew the conclusion that the rich would not tolerate this system of health care but would try to improve the health of everyone in order that they themselves might receive adequate care. This concept did not expect enough of the pooled imaginative resources of the poor as they became more educated and more powerful. The poor can be expected to assume a responsibility and to develop a creativity concerning health care and the total range of education which will bring a new level of service to everyone, including the rich. Such expectations will eventually bring to the rich more benefits from the poor than the rich formerly obtained from elite sources or from an exploitative commercialism.

4. Therapy and education are equivalent. Both of them can and should bring about character change in individuals, families, and groups. Education is now strongly influenced by concepts which originated in therapy: (a) the developmental stages in human life conceptualized by the psychoanalysts; (b) the ability, when useful, to drop concern with cognition as the behavior modification therapists have; (c) the close attention paid to the relationship between counselor and client by the Sullivanian therapists--the healing relationship in this case is a thing existing between counselor and client rather than a structure within either person; (d) the effectiveness of working with feelings and acts in the here-and-now as existential- and some group-therapists do; (e) the special concern with the dignity, and even the divinity of each individual soul--this is a development of Gestalt psychology, encounter methods, and Zen or Yoga.

5. The individual has the same worth and the same separateness and autonomy that he always had. The Western individual is the same before as after we discover that he exists only as a figure against the ground of culture, or that his thought is totally coerced by his language and his internal chemistry, or that he is a slave to whoever controls the public information media.

6. Understanding between two people is not necessarily final agreement. Many philosophers have considered that knowledge was exact and certain. St. Augustine thought that there was a pure and perfect knowledge which resided in God and

was radiated to us as light is. Descartes thought so in a mathematical way, Kant in an abstract a priori way. Heisenberg and other physicists, however, consider that there is no such thing as certainty of knowledge. This implies that teacher and student need not be in agreement.

7. The teacher becomes incarnate. Instead of remaining aloof with his superior knowledge, associating with the other angels of education in the staff rooms, the modern teacher becomes strong enough in his own individual ego to enter into the learning process with his students. He becomes a student with them and participates with them in their feelings about learning and about their relationships among each other as they approach the common tasks of developing skills and knowledge. The individual student sees the teacher as human like the student himself. The student in some measure, then, identifies with the teacher realistically and not with an idealistic uncertainty. The same applies to the therapist. He derives his own developmental and therapeutic benefits in the therapy he provides for others.

8. Good educationists and good therapists are changing their view of their work. Teachers will never know what to do with the bright student. The teaching profession does not require the brightest people in the world. In fact, there must be one teacher for every 30 or 40 persons in the world if we are all to become educated. So, 1 out of 30 must be capable of becoming a teacher. Nuclear physics, higher mathematics, microbiology, and even some aspects of medicine and law require brighter people than teaching. If teachers must be brighter and more knowing than their pupils the world can only deteriorate from generation to generation. Perhaps this change is slowest in Graduate Education. No college faculty today would give Shakespeare a Ph.D. in Creative Writing because Shakespeare never took any courses in Writing, and the ultimate source of knowledge about creative writing has been thought to reside in the research and teaching staff of great institutions.

9. The individual exists only for the moment in which he is learning. The next day he is a somewhat different individual and learning may have to be applied to him in different ways. Encounter creates the person. This concept frees education to vary itself from day to day.

10. Caplan's⁵ belief that informal counseling in the lunchroom can be the most effective and can allow the most consultative freedom. Either member may break off suddenly, without excuses. Rapt attention and the genuine expression of emotions for just three minutes between two people who are meaningful to each other can be more effective than a 50-minute interview or seminar, which gradually warms up to expressions of past adventures and pathologies.

SUMMARY

Changes in the following areas, then, have necessitated changes in the practice of both counseling and teaching: (1) The worth of the individual--including the worldwide spread of knowledge and individual skills to the common man with the concurrent appearance of powerful individual weapons; (2) A new understanding of group dynamics and the power of groups; (3) The expectation that the poor have a lot to offer, even to the rich; (4) The equivalence of therapy and education; (5) The realization that the individual has the same abilities he always had in spite of mechanistic ways of looking at biology and psychology and

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commerce; (6) Understanding between two people does not necessarily bring agreement; (7) The incarnation of the teacher and the therapist so that each becomes a learning member of the classroom or of the interview situation; (8) The individual who really learns something today becomes a slightly different individual tomorrow; (9) By informal methods, learning can occur in a very quick time.

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#1

THE PLACE OF FAMILY THERAPY IN GENERAL PSYCHIATRY

By Matthew D. Parrish, M.D.

In the past 100 years, psychiatry has moved through four stages without actually abandoning any of the older stages as it moved to new ones--(1) dedication to the isolated individual, (2) child guidance, (3) family psychiatry, (4) community psychiatry.

Psychiatry of Unattached Individuals

Those thinkers and therapists concerned with the individual in isolation included Kraepelin, Freud, the Existentialists, Bleuler, Adler, the Transactional Analysts, Watson, Skinner, and some aspects of Jung and Moreno. These men were largely concerned with instilling strength or training into the individual so that he could get along better with his society. They had a tendency to consider life an adversary situation--the individual against society. Some considered the ego a sort of dynamic filter which maintained a boundary between the individual and society. Much therapeutic effort was directed at improving the quality of this filter and the strength of this boundary. For within his boundaries the individual was considered to have a store of habits and attributes which were learned from his earlier life.

In an effort to have more influence on the inception of the inner difficulties which caused the individual to have trouble with his society, an emphasis developed on child guidance and mental hygiene. It was thought that if a child were properly reared and trained the eventual adult would be happier. Bruno Bettelheim and his Orthogenic School became advocates of children as individuals while the parents were essentially considered the enemy. A supreme professionalization developed among child psychiatrists, who studied human development in depth over the total span of life but most of them remained advocates of children.

Psychiatry of Groups and Societies

Even while all the individualistic concern was developing there was a parallel development of a non-individualistic psychology and sociology which concerned itself with the styles of behavior in whole societies or with the relationships among individuals. The individual's difficulties, assets, and personal characteristics were seen largely as a product of the society in which he found himself. Such thinkers included Hegel, Marx, G. H. Mead, H. S. Sullivan, and to some extent, Jung and Moreno.

Like most other psychoanalytic institutes, the Tavistock Institute in London moved its primary mission from that of psychoanalyzing patients to the training of psychoanalysts and the education of physicians, clergymen, social workers, etc. in the value of psychoanalysis. But then it went a step further and began to do research and training in the effects of groups upon individuals and the dynamics of interactions among groups themselves. It found, for instance, that groups would often make decisions which no single individual in the group would have made on his own. Furthermore, individuals who felt they were representing groups would behave as they never would have behaved when not representing the group. Thus, much individual behavior really was group-determined and could be altered by altering group membership.

Family as the Patient

In California, with heavy influence from anthropology, Don Jackson, Gregory Bateson, Jay Haley, and Virginia Satir developed reasonable theories showing that much mental illness could derive from the scapegoating work of a family upon its members. Many behavioral scientists then considered that the pathology was inserted by the family into the family-defined boundaries of one of its members, who then became "the patient" and expressed to the outside world the fact that the family was developing pathology. The individualistic therapists of the older schools considered that the patient was acting on his own and for himself. They directed their treatment at making the patient responsible for the behavior which the family expressed through him. This had the effect, usually, of separating the patient from his family and circumscribing a boundary around him which included the family-implanted pathological behavior as if it were exclusively his own. Through association with the therapist and with other groups than his family, the patient was redefined as a person and altered his behavior, feelings, and image of himself. The family was usually left to shift for itself. Sometimes it produced another patient. Sometimes it was able, in its necessities, to recapture the old patient and redefine him back into the family's pathology.

The family therapists, however, considered that the pathology pervaded the whole family. They saw the pathology as contained within the boundary of the family as an organism and not within any one individual. The new therapy was directed at making the family responsible for producing and then for managing the problem. The effect of this was to strengthen the "existence" of the family. The therapists concerned themselves with the various functions--pathological and normal--within the family and with members as organs performing these functions. They often turned the families toward the outside world and galvanized the members into a more useful relationship as they faced their task of dealing as a family with the world of work, school, or neighborhood. Some saw the individual as permanently merged into the family.

Any individual strengths developing independently from what the family could give him came from his membership in other groups--teams, companies, schools, cliques, new nuclear families, etc. This individual strengthening was compatible with the myth of the modern Italian's highly individualized identity developing out of his association in secret societies, love liaisons, etc. in addition to his extended family. But this strength was not self-made by the suburban individualist in his steel-topped automobile heading toward the grandest of all clusters of individuals--the ultimate traffic jam.

The traditional individual therapist had seen the ego as developing a set of defenses such as denial, projection, undoing, and sublimation. These defenses were considered protective of an enclosed system. They produced certain stereotyped interactions with people and things. They attempted to maintain a status quo. Carl Whitaker, as a family therapist, said he did not believe in defenses but only in attempts at growth. Both individuals and families were trying to move on in the flux of life.

The Community as Patient and as Therapist

The same concern for a "clinical anthropology" that produced family therapy also produced the kind of community psychiatry which concerned itself with a larger community, more economically self-sufficient and more varied-roled than the nuclear family, or even the extended family. The community was held responsible for producing pathological patients, families, rates of delinquency, drop-outs, mental illness, mental retardation, etc. It was then held responsible to contain and to manage them. Community members began to learn how to participate in decisions affecting their own services. This was sometimes painful to professionals, to universities, to clinics, etc., which did not want families, students, and patients telling them what to do.

The local community was sometimes op-conned by a larger community (the state) into accepting a certain self-boundary as a community and into doing this psychiatric management. The state, for instance, might charge a county \$100 a day for every county citizen who got into a state hospital. Not only was the individual merged into the family as in family therapy, but the family was merged into the community for much of its identity. When bad traits could not be bagged into individuals or families and extruded from the community, then the community assimilated those traits into itself and lessened its pathological products in favor of more-useful-to-the-community products--other "economic ways" of enlivening itself.

But what is a community? Some defined it as a geographical area which included between 75,000 and 200,000 people. Political boundaries often made this geography necessary if not clinically practical. Another definition was: a group of families and institutions, all of which knew of each other and had influence upon each other. Still other thinkers considered that there should be a communing and an influential interaction between each individual and the group. If every individual was not included then there was no communing with the extruded one and he was not a member but rather a slave, a saint, or other part-image of a person.

In order to improve the community's mental health we try to improve the mental health aspect of the individual-to-group interaction or equilibrium. In that communing equilibrium the individual includes within himself the complete group. The group includes within itself each individual, but not necessarily completely, since the individual may belong to other groups. If a member includes within himself only part of the group mores, rules, attitudes, then he renders the group incomplete. The group cannot serve him adequately and he cannot serve the group adequately.

MANAGEMENT AND MONOTHEISM

By M. D. Parrish

Authority, Accountability, and Responsibility

Our Western sense of authority grew out of the monotheistic Judeo-Christian philosophy which held a single God responsible for the universe. Even those who think they have abandoned religion still adhere to monotheistic ways of organizing work and responsibility. They tend to invest in some one person the ultimate responsibility for a family's behavior, a battle's progress, or a government's efficiency.

Good managers maintain that authority is like gonorrhea. You can give it to someone else but that doesn't relieve you of it. Accordingly, we seek to obtain clear lines of authority, accountability, and responsibility. When a mission fails we seek to hold one person accountable. We may then get vengeance or compensation. Or at least we can get another manager and hold him accountable for recurrence of failure. Furthermore, every worker wants to make certain the limits of his own authority and accountability. He can then feel secure that he will not be held accountable for something not under his authority.

Following the monotheistic pattern, for example, all authority for command of the Army resides forever in the President. He delegates this authority to the officers of the Army and he holds them accountable to carry out the missions for which they are responsible when they exercise their particular delegated authority.

Thus a captain may have the authority to carry out the mission of building a certain bridge. The captain may delegate to his lieutenant the responsibility for driving the piles. The lieutenant then orders his men to drive the piles, and he is accountable to the captain for the way the piles are driven. If the lieutenant is delegated authority over no men and no supply of piles, then the captain cannot properly hold him accountable for not getting the piles driven. The colonel will hold the captain accountable, however, for the failure of his mission. The lieutenant cannot be held accountable for any part of the failure since he was never given authority over the men and materials to accomplish his part of the mission.

Suppose, however, the lieutenant does have men and materials but takes them off and builds an unauthorized dance hall. The captain will then hold the lieutenant accountable for misuse of men and materials.

As we follow authority and accountability up toward their ultimate source, a grave problem arises. The President is accountable to carry out many other missions besides the defense of the nation. Indeed, the economic and spiritual morale of the country may depend in large part on the President's maintaining a respectable image. If the Army does something the people don't like and the President is held accountable for it, the President may lose all his dignity and respect. This would damage the functioning of the government and the morale of the people. Consequently, if the Army, under the President's direction, does something unpopular the President may relieve a general with considerable public fanfare. The public then vents its spleen upon the general and not upon their President.

There is yet another problem with accountability. The country simply does not have enough money to carry out all the missions the people clamor for. Consequently, the President must send certain ship captains, for instance, on missions without adequate resources. The captain is ordered to carry out his mission anyway, and simply to hope that he is not challenged. Thus, a captain may sail his ship into risky waters to get information about a rival nation. Or an air commander may fly over such a nation at high altitude for a similar purpose. If these commanders are challenged by the foreign country and they lose their ships, then the President is sorely tempted to hold them personally responsible for losing their ships.

This same principle is employed in Mental Health. In order to insure that mental hospital patients are not neglected and do not have preventable injuries or diseases, the government must provide those patients adequate staff and adequate buildings. The people of the state who have the ultimate authority in these matters may not wish to pay the necessary taxes to support all the missions of the state. The Governor and his budget bureau, in allocating resources, may cut short the resources to the hospitals, hoping that perhaps no preventable problems will occur this year. If an apparently preventable death occurs anyway the hospital superintendent is held accountable, even if he was never given the resources to do the job adequately in the first place. Thus, the government's prestige is saved. The superintendent takes the blame but the Governor maintains his strength to prevent anything extremely bad from happening to the superintendent.

Now, all this is complicated by the fact that no institution runs at peak efficiency. Money could always be saved here and there if management were more efficient. In the name of efficiency, then, budget bureaus decide that a particular hospital should get less money, but when the patient death rate rises, no one holds the budget bureau responsible.

In all but the most reasonable states the people and their information media respond only to criticism and scandals concerning their state agencies. Constructive planning and support for important public agencies sells very few newspapers and wins very few elections.

The function of the Devil

This scapegoating of a single person into accountability when he has not been given the resources or the authority to carry out his responsibility is typical of monotheistic countries. The people of such countries act toward their highest human authorities much as they would act toward God. They have tried to simplify the line of authority by holding one person, with total authority, accountable for everything. This eliminates the necessity of worrying about a lot of demons with diverse powers and authorities over parts of life and nature. Unless one demon is invented, however, the highest God will be left with the responsibility for all the bad things as well as the good things which arise out of high authority. Accordingly, the top administration maintains its image as personally good and efficient by creating a "devil" to be accountable for all the bad effects which arise out of that high authority.

Thus, in management theory we talk about establishing clear lines of authority, responsibility, and accountability, but actually we build into the organization certain necessary demons who are held accountable for missions they are never allowed adequate authority to execute. Some of us believe these working demons should not take a public job unless they are willing to be held accountable for incidents outside of their authority. Such a policy makes it hard to obtain good staff in government or corporate life.

The necessity for scapegoating does not really lie with the President, the Governor, or even the budget bureau. In a democracy, ultimate authority rests with the people. The accountability should also belong to the people. Of course, the people do pay for everything in the end, but usually it's after some individual scapegoating. Since the people is not a single individual, it cannot as a group of monotheists consider itself the single, ultimately responsible person. Furthermore, those who have great power can, if they wish, avoid being called blameworthy. The sovereign citizenry is only human if it thus avoids accountability.

We love to believe that we can always elect or hire someone into accountability for our very difficult problems, such as delivery of mental health services. When one of these authorities fails us we usually condemn him as if he were corrupt from birth. We tend, then, to a new authority with all our original childlike faith.

Polytheistic accountability

People with polytheistic traditions, however, are more likely to spread their trust among multiple powers. They do not expect their emperors, archons, consuls, pharaohs, or presidents to eliminate problems of mental and physical health, employment, education, etc. For these needs the individual cooperates with his extended family, his village, his religious sect, his secret society, his business, his local government, and all the interlocking relationships among these groups. It is very complex. A citizen must be always on his toes in such countries. From childhood he learns to be constantly concerned with polities at all levels of life. He knows he cannot elect an official and then lie back and wait for the official to bring a great society into being. For us, no doubt, our own tradition is best, but if our families and communities learn, like these other peoples, to contain as their own local responsibility some of the hard-to-solve problems of local delinquency, mental health, retardation, etc., then we will be less disappointed with our managers and with ourselves.

Communities responsible for their own delinquency

The modern problem in Mental Health is not so much the delusions of patients, requiring treatment. It is the delusion of the normal American people that some expert, some high authority, or some efficient delivery system can solve the problems of Mental Health so that the local neighborhoods and groups out of which the delinquency or mental illness developed don't have to feel responsible. When that unreasonable hope is decreased in the local counties and neighborhoods, then the local people themselves no longer have to "insult" their deviant neighbors by sending them to distant places for some expert to "cure," but can locally rehabilitate, use, and benefit from their talents.

EXISTENTIALISM--A GENERAL PSYCHIATRIC VIEW

Existentialism is yet another attempt to fit the world into certain current theories. Physics also tries to fit the world into its current theories. Physicists fail, in part, alter the theory, and try again. Existentialist theory is more stable, however, than most physical theories because it is harder to test in the real world. It has some of the quality of kerygma: a religious enthusiasm often pervades it. Psychiatrists find it particularly easy to fit a patient's problems into existentialist theory when they make an analytic exploration of the patient's unconscious wishes. Thus the psychiatrist discovers that most of the patient's unconscious ideas are simply examples of the pre-formed ideas in the psychiatrist's theory. Most of the ideas which don't fit the theory at first will seem to fit later as patient and therapist work together. Some of the therapy's good effect comes when the patient sees himself as taking a satisfying place in a new conceptualization of human life.

Nevertheless, existentialism is not a static theory. Different men and different times conceive it differently. All the varieties of existentialism, however, stand in contrast to three ways of thinking about patients. (1) The patient as subject. This includes the views of rationalism and idealism. Both views see man as a thinking being, only as a subject. Descartes, Rousseau, and Thomas Jefferson, for instance, all tended to see man as a subject. His observable behavior was not considered the truly human part of him. Only his thoughts, his feelings, and his spiritual life were that. (2) The patient as object. Modern behaviorism sees man as a mechanistic object to be measured and controlled--perhaps a clock to be re-set and then allowed to run on its own. The behaviorist cannot see thought, feeling, nor spiritual life. He does not assume he can measure them. The behaviorist understands a person only through what the person says or does. To him the person is purely an object. (3) The observer as subject. The empathetic therapist studies his own subjective feeling and thought while presumably being influenced by the patient. If the therapist understands his own mind fairly well he can see the changes in his own feelings wrought by the presence of the patient. These changes are wrought only by the patient's behavior, of course, but the effect on the therapist's own feeling and thought is supposedly due to a parallel set of feelings and thought within the patient.

Each of these three ways considers only one aspect of the problem of understanding human behavior. Existentialism, however, avoids all these approaches to psychology. It concerns itself with the existence of the individual and his tendency to keep on existing. The person in himself exists before he has any attributes or any essence. Facts or events precede truths. A person must do a bad act or think a bad thought before he has the quality of badness. Somehow existentialists always assume this existence of the actor or person as a good in itself, quite aside from what he may do.

Existentialism was developed by modern individualists partly as a protest against the Industrial Revolution's mechanization of individual man. It opposed Hegel and his notion that the state could behave as if it had a mind. It opposed any matching of a person's identity with a role or with any other structure of group behavior. It opposed submergence of self either as member of a tribe or as an organization man or as a specialist with a stable usefulness in a social system. The Greeks had called such specialists "idiots"--men not integrated into all group activities but confined to a narrow set of interests. The existential

concept of individuality, in contrast to the Greek, was self-oriented rather than society-oriented. An existentialist would hardly agree with Solon in describing as a happy person one who participated in many varied activities of extended family and of state, and finally died in battle for his state.

Existentialism does contain elements of the Eastern integration of subject and object, so that the observer is part of the thing observed, e.g., the interpersonal psychiatrist and the psychodramatist are participants in the crucial therapeutic encounter, and the military psychiatrist is an element of the very team he "treats."

Existentialism deplores modern life's absurdity (Camus) and dehumanization (Kafka). Such problems are a natural accompaniment of life throughout the individualist age--from about 1300 A.D. to the present. Many customs natural and integral to past decades seem dehumanizing to people today when those customs persist into our own time. Future men will probably deplore as dehumanizing our own marriage customs, our child rearing, or our most enjoyable entertainment. Many practices in a beginning new ethic seem dehumanizing because traditional eyes do not see the consistent way this ethic fits into the life which the present generation is beginning to live. Later on, some of these things may not seem dehumanizing at all--perhaps certain drug habits or people-monitoring by eternally present TV cameras. What is dehumanizing for some people has useful and beautiful aspects for others. For example, the loss of personal autonomy within a tribe or an extended family avoids the kind of dehumanization which a multiplicity of fiscally efficient services brings to clients, for each such service specializes in some one aspect of the individual--divides up the individual almost as the production line divides up work on an auto. For instance, a hospital patient has his heart closely attended to by the cardiology department, his body fluids by the laboratory, his kidneys by the urology department, etc.

The family (or the tribe) pays close attention to the character and the way of thinking of each individual. It reacts specifically to him as a person, but it de-individualizes him by giving him no privacy--intruding on almost every aspect of his life. It treats him as an eternally locked-in member of the group, a member who has little right to be loyal to any other group. The member may then try to obtain some separateness of personal existence by joining another group--e.g., secret society, business deal, "unapproved" marriage, learning the language of some unusual profession... The pervasive bureaucracy of the modern corporate society pays no attention to the individual unless he becomes a problem. It treats almost all individuals the same--as if they had exactly the same rights and characters. The bureaucratic individual, then, cannot feel unique--though he may have some privacy and feel equality with others.

Existentialism usually considers itself a bulwark against both dehumanization and de-individualization. It approaches the individual as a thing in himself, not as one egg in a big omelet. It builds up the individual as a collection of present feelings and not as an eternal essence belonging to the past. Thus, existentialism is neither tribal nor bureaucratic. It is humanly individualistic.

Individual therapy, approached from an existentialist point of view, gets the patient to make real his own individualism above all other concerns.

In spite of their concern for the unique being of each individual, however, existentialists do employ essences or eternal ideas which they see as categories inhering in events and feelings. The existentialists necessarily think with these ideas. Like objective scientists, they do at times detach themselves from their objects (patients) in order to think clearly about them, but the detachment is not permanent. Rather, it is a rhythmic attaching and detaching of self to and from the patient in order to intensify understanding and feeling about the patient. It is therefore not so cool as the detachment of a Kraepelin from the patients he demonstrated to his students.

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Kierkegaard seemed to feel that conscious learning occurred mostly when passion had been eliminated from the relation between the learner and things studied. Things then became intellectualized. In Sickness Unto Death, Kierkegaard put modern anxiety into the world of print. Thinkers could then detach themselves from this anxiety and intellectualize about it. Intellectualization, if "superficial" and not intensely attached to the heart of the thinker, was freer to let a situation call for its own logical and reasonable solution. In order for this passionless reasoning to be meaningful and relevant to persons in the end, the thinker would have to join the conclusions into his own personal feelings as the final act of reasoning. The thing as ultimately learned became a part of the total person's life and feeling until he detached his feelings temporarily in order consciously to learn a new thing.

For Kierkegaard, truth was the relationship between the knower and the stuff he thought he knew. Even if the stuff itself was false, he was concerned with whether the relation was true between that stuff and the individual thinking it. Thus, Freud's patients who thought their fathers had raped them had lived as if it were so. Psychologically, the rape was true--at least it was true in the encounter-life they lived with Freud. Until they could become passionless enough to re-examine the rape intellectually and reach new conscious learning, we must ask, however: Should the rapist be held responsible psychologically for the rape if there was in fact no physical rape? Should the psychiatrist, by his own attentiveness, encourage the patient to develop further this personal "truth" not consensual with the patient's friends? Some psychiatrists do it and then later bring the patient around to attending to other people's ways of "truth" without asking the patient necessarily to abandon his own preconceived way.

For Kierkegaard, then, every question had to be related to the alive, self-aware individual or else the individual became a mere robot. We avoid seeing a person as a robot when we look at the total human society within him--the full cultural range of roles and thoughts and language he can experience within himself and which compose his humanness. The individual seems to be a robot only when we look at the local society's categories of character or role and their seeming coercive effect upon the defenseless individual.

The application of a proven drug or hospital procedure to the patient-as-object doesn't cure him except as an object. It may leave him disconnected from people and from his own hopes. The patient-as-a-person must have some hope that

his encounter with the "therapeutic" soul of the doctor or the group facing him will bring relief which extends beyond the therapeutic encounter. Otherwise, the patient won't work toward a resolution of the problem from his own side in his crucial everyday life.

Nietzsche thought that to understand oneself as a system was equivalent to understanding the social world as it was systematized in one's own time. Likewise, to understand a system of social life was equivalent to understanding one's own life. A society defines its own truth for its own times, but changing times bring a slippage of that truth. In the course of life an individual could change. In the course of history a social system could change. A person, a church, or a government, however, could not change by investigating its delusions unless it saw (perhaps unconsciously) some way it could live well without these delusions. The person (or other organism) must see some issue in which it can be committed personally and can be emotionally involved. Nietzsche felt the Europe of his day was sick, was dying, but it was pregnant with a new Europe. It needed to attend to that pregnancy--to nurture it, to become committed to it.

With institutions and with whole societies, to die is to make way for life, to promote new life. Thus, a father's death at age 70 may allow his children more freedom to take up their own lives. A president or king may leave office and his successor will be able to do newer things. World War I may destroy the Edwardian way of life and allow a new way of life to arise. The subjugation of women or servants may end. With it ends a whole way of life so that the liberated people cannot enjoy the old world as other people once could. Nevertheless, they can find a new world of their own.

Nietzsche felt that blockage of the will to power produced neurosis. This will to power was the drive to live out one's own potential. Happiness was an alert and conscious feeling of power. It was not the absence of pain. Man doesn't strive negatively for the reduction of tension itself but he strives positively toward self-competence. Health is the individual's power to prevent or to overcome disease and suffering. It is not merely a passive absence of disease. Nietzsche thought altruism and morality resulted from hostility and resentment which was suppressed and turned inward. Such impatient altruistic people yearn for a passive "peace." Their open aggression would naturally produce sadistic demands upon others--with natural retaliation. These peace-lovers had as much resentment as the aggressive power-yielders, but they didn't get as much benefit from it. Both types of power-seekers improved if they developed a personal creative life to express these energies. Artistic work, for instance, was sexual energy transmuted so as to be unrecognized as sexual energy.

I think the will to power is never really blocked. Only its expression in socially acceptable ways is blocked. The will alone without expression is anxiety. It is free-floating energy without an object with which to express itself.

Sartre said an individual is his choices. This does not mean to me that the individual is the sum of all the choices he ever made. That sum is simply the dead and static posture that he has compiled. It is not his living acts. His present existence is the act of making the present choices he is involved in.

That same existence can be lost, however, by someone else's choice--for instance, someone's choice to murder him. Is the individual, then, purely his "own" choice? Nietzsche thought man's greatest ultimate power was the power to lose his existence by his own choice.

Some of Karl Jaspers' writings indicate that although the individual existed as a human being prior to his relevance to any society, nevertheless that being had no range of self-qualities and no meaning as a person within his world except as he recreated all the experience and knowledge of both his traditional culture and his own past life and made those cultural and individual "memories" relevant to the position of his person in his present society. The way a man's personal life history and the history of his society is appropriated to him determines his character--his traits and the choices he will make when faced with each new situation. The new situation in turn becomes a part of his history and helps to guide future behavior. On certain occasions, such as in therapy, in a new job, or in a new country, the individual may revise his personal and social histories. That is, he may see them differently. Since philosophers of the past and therapists of the present have meaning to us only as part of our own history we cannot look at them objectively. Our history and their history are part of the same tradition. We are remaking our history now, with those thinkers in mind. We are most useful in our development of self when we consider all philosophers, scientists, politicians, and therapists as our contemporaries and peers. A generalized man (e.g., Goethe) or a generalized era (e.g., Elizabethan England) lives the immediate present by using the conceptual gains of each past century. The man uses a 13th century way of grasping today's life and also an Enlightenment way. Similarly, an adult lives the present by grasping it as 1, 2, 3...90 year olds do. The individual attains Being and also attains a self through the inner meditation and the outer negotiation with past and present beings or selves. For philosophy and therapy have no great truths to find. Their highest achievement is to participate in the continuous flowing of associated thought and act among persons who interact well--therapist, patient, wife, boss, friend; Plato, Plotinus, St. Thomas, Goethe... In the flux of society or of history there is no politics and no philosophy but only the acting of politicians and the thinking of philosophers. And every man is something of a politician and a philosopher.

The great modern problem is that masses of people are connected by technical and organizational channels but they don't feel the historical interconnectedness of their minds and souls. They are not aware of sharing a common tradition, to which they are all currently contributing--and therefore contributing to each other. This pooling of personal influences consciously creating a present tradition connected with the past, was easier for an individual to be aware of within a Greek polis or a Chinese extended family.

It is, however, possible today for therapy, education, and the living-learning situations in practical life to bring a person to feel all of the relevant history and communication which is a part of himself. They can also bring him to feel himself an integral part of his cultural tradition and the social communications of his local neighborhood. The meaning and the unique individuality of a person depends on the things and the people (living and dead) outside himself which he makes a part of himself and which, at the same time, he makes himself a part of. It would require a deity, of course, to integrate all of the relevant tradition and the present world communications appropriately within him-

self, and then to find for himself a relevant place as a part of these things he himself now contains. Man, of course, need not be so complete about it in order to live a practical life.

Jaspers felt that it was important for a therapist to develop the ability to interact relevantly with patients and to help them to interact relevantly with their own societies and traditions. The therapist was at a distinct disadvantage if he approached the patient objectively within the doctrine of any school or sect.

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In Michelangelo's day, or Machiavelli's, people might have said, "We're becoming inhuman in our cruelty toward others and in our tedious study of religious subjects... Let's get back to persons." Every century for its own reason said, "Let's get back to persons." But when a scientific attitude was combined with the attempts to analyze the person better, then the person became analyzed as an object. He was divided into objectified parts, e.g., ego, superego, id. The very psychoanalytic technique produced analytically observable fragments of the person. Analysis of a group, too, could make the individual a small cog or object whose primary existence was seen in his group function.

Freud, with his analysis of slips of the tongue, humor, dreams, etc., made possible a somewhat scientific measurement of matters heretofore unconscious to the individual. The scientific investigation had high prestige and popularity but it was confined to the investigation done upon the individual, not upon the group nor the organization nor the race nor the mythology behind the prevailing way of life.

Freud, trying personally to avoid a cold neurological approach or the contemporary industrial approach of treating men like machines, listened at length to the person within his patient. He tried to return to the personal ecstatic and romantic kind of reasoning in the Enlightenment. But science was really his god, and the world audience of his day waited for experimental proof. So Freud became technical and objective in his reasoning.

At least, Freud did make the individual man feel somewhat responsible for his own irrational actions. A man's unconscious was considered to belong to him personally. Some men, then, became able to accept their own nastiness and craziness--things that would keep them from being one of the ideal elite. But Freud's technical reasoning and analyzing went on further to fragment man all over again. It made man an object in the laboratory.

Existential psychotherapy tries to avoid--even in the therapist's own mind--the use of technical reasoning in the therapeutic relationship.

Binswanger thought that Freud explored man in his biological environment (the Umwelt) but that Freud's objective attitude and technique and his relative detachment from his patients prevented him from exploring either the personal relations among fellow men (the Welt) or man in relation to himself (the

Eigenwelt). The psychoanalytic technique of standing apart and making interpretations--"You are projecting your own anger onto me"--makes the patient even more likely to sense himself as a mere object, not as a person who thinks together with the analyst as a human equal--as a contemporary and a peer. Thus, the analyst may well contribute to the seeing of self and others as an object. That way of seeing was the attitude which caused the patient's alienation in the first place. Furthermore, the analyst's continual practice of keeping himself one-up on the patient brings into the analytical situation the competitive dog-eat-dog world of the open market. This attitude in the social world has helped to alienate the patient. Yet analysis provides no collection of teammates who can prove themselves through team-task work, but rather, the single patient must screen himself off from others so as to be an individual person-in-himself.

Paul Tillich felt that reason had become separated from emotion and from will. Reason was in opposition to existence. The original reason-world of the Enlightenment was concerned with justice and ethics (Spinoza, Locke...) The thinkers thought of themselves and their world as guided by some benign universal power, such as God or the Idea of the Good, or perhaps the clockwork of the universe, which theoretically relegated all men to the status of brothers. The 19th century, however, saw the world as a vast competitive market. People exploited colonies, businesses, markets, slaves, constituencies, audiences, and clientele. The exploiters considered themselves an elite group (often exploiting other elite groups). The exploiters were members of this group of surviving fittest creatures because of their successful ways of behaving in the world of competition--man against man. Reason now was guided only by the advantage to be gained by the reasoner. 20th century psychiatry's promotion of intellectual power and the understanding of group and individual dynamics did nothing to alleviate this situation.

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Neurosis, existentially defined, is an attitude or a behavior which destroys the individual's potential to fulfill his own being. For instance, a preoccupation with keeping all one's work very neat may prevent any creative thought from being bestowed upon the work. A fear of going out on the street may prevent one from developing social and work encounters. It seems to me that this destructive attitude need not exist purely within the individual's own person. An attitude within his family could also prevent him from fulfilling his own being. Sometimes all our evaluative toil attempts merely to assign individual ownership to a neurosis. We assume neurosis cannot be possessed by a family, a neighborhood, a minority group, etc. Furthermore, we like the individual's potential to fit the more benign styles of his time. After all, even some of his conscious individual potential includes his becoming a murderer or a torturer. Anyway, the styles of his times usually provide the very grammar of his thought so that his potential is largely regulated by his society.

With the development of the megamachine (Huxford's idea of men being so organized that they function as a great coordinated machine) everyone hungered for real personality-directed emotion, including especially love and hate. Most psychotherapy became, then, only a staged rehearsal for development of love-hate

expression—a time-limited attempt to reach permanent human growth or human warmth. Comfort and caring warmth to the self, considered in isolation, is a relapsing of self to the primitive mother or to the supporting group or to an all-inclusive passivity. Such caring and comfort does not stimulate development of an independent self and its varied potentials. Neither does committing one's expressive power to nothing but hate.

The autonomous self, free from neurotic commitments, would be formed by:

1. Accepting the individual unconscious as part of self.
2. Accepting the self as part of a contemporary group and a useful social tradition. The self then extends beyond the skin limits.
3. Sharpening an individual's practice of sense perception and discrimination.
4. Building communicating extensions to the body and to the self-- skills with hammer, violin, typewriter, telescopes, sailboats, library, etc.
5. Building personal and material structures, constantly and forever, which are outside the self but which may be attached to the self. Thus, we may build a house, write a book, join a club, obtain a new friend, teach a class...

A fundamental assumption of individualistically specialized psychotherapy is that man's personal humanity need not be teased apart nor destroyed in the process of studying man or of developing his potential. The fact of a person's existence is more important than any knowledge about him. Drives and dynamics can be understood only in the context of the individual's existence who is sitting opposite you. More general psychotherapeutic theory, however, maintains that you can understand the dynamics only in terms of the particular encounter between you and the other person. To look for dynamics only inside the other person or inside yourself reveals those dynamics from only a narrow individualistic aspect.

The existentialists believe that my instantaneous encounter with the other person makes him exist for me in a different way from what I know about him. They fail to conceive this encounter as interpersonal, however. They concern themselves with each individual separately. Since therapist and patient have distinctly separate existences the one person is still studying and learning about the other. To some extent the therapist is still being objective even though he complains as an existentialist that objectivity is not a good thing. The existentialist doesn't necessarily try to grasp the encounter as an existing thing within itself.

In order to know a patient it is necessary to have some kind of dialectical participation with him. The therapist can only understand the patient if the therapist is ready to join with him emotionally, to feel for him as a person. Most traditional psychiatrists, however, continue to make themselves comfortable

by abstracting their personal selves from the encounter, seeing the other person as a product to be worked on or as mechanisms of behavior to be adjusted.

When a psychiatrist sees psychiatry as an over-important profession it is hard for him to see himself as an element of the patient system at hand--for instance, to see himself as an element of the school and its problems or as a neighbor in the neighborhood he is serving.

Once man can reduce some phenomenon to an abstract mathematical formula or to a psychological theory, he feels the phenomenon is more real than before. He goes on to deal with the formula rather than with the phenomenon. He measures and compares this formula with the formula for other phenomena and thinks that he is dealing with real life. He begins to feel lonely as he involves himself more and more with the prestigious, abstract, and impersonal formulations. Yet to make an abstraction of love is to lose sight of the act of love itself. Similarly, for the very act of being or for the alert consciousness of the present: to make an objective abstraction of them is to lose them.

A man's being is a constant interactional process of becoming a somewhat different person--interaction among many worlds and peers. Consequently, an isolated individual cannot exist. An effervescent social system exists, which contains a changing individual. The individual participates in the system's change. Constant progress is participation in history. To progress is to be. To progress is to join in the flow of time, and therefore to join in the history of one's culture.

Dasein in German means "To be there." Dasein is the character of a particular human existence which sets it apart from all other existences. Thus, I exist in the particular there-place which is my own--in space and in time. Dasein is an assumption maintained by existentialism, but it isn't necessary in interpersonal thinking. For the man-there exists only as part of an I-thou encounter. Choices are made in the context of some encounter. "I am my choices" is equivalent to saying, "The encounter is its choices." A kick is not a leg asserting itself. It is a whole person asserting himself. Thus, I am a sort of leg when I say something. I am saying it as a part of a dyad or other group. My assertion is the dyad asserting itself.

Existential Being

Descartes felt that the individual in his consciousness was separate from the world and from other people. The thinker was alone. He was certain only of his own existence. Existentialism, however, views the world as a system of active relationships in which the individual finds his existence and which he helps to create by that very existence of his.

Existential being, however, is not the adopting unto oneself of social norms and concepts. Such conformity would indeed deprive a person of existential being. For existential being gives a self-esteem which is far more than the image formed by the views of others about the person.

Furthermore, the sense of existential being is not the psychoanalytic ego. The ego is the interface between biological drives, previous training, and the present external world. That ego is a small ephemeral thing by comparison with the total sense of being. But sense of being is not merely a grand isolation of the self. It means inclusion in nature--inclusion in time and the natural processes of the world.

Society today tends to define the individual as a passive recipient of social forces, such as education, family and tax pressures, etc. This seems to be the view of behaviorism, psychoanalysis, Marxism, and modern bureaucracy. Existential analysis, however, sees the individual as an actor--a maker of choices with a position in space, in time, and in relation to others. This is his being.

Being cannot be fully sensed unless the person also senses not-being (awareness of the threat of death and of loss of the person's own potential as he conforms to social pressures or as he meets with injuries in the world). Without the clear realization that being can be lost, and without the clear understanding of what is non-being, then being itself becomes problematical, weak, and uncertain.

Death, more than any other event, confirms individuality. The person dies as an individual, not merely as a member of society. The constant imminence of individual death sets apart individual life as real. Death of the individual does, however, develop his group. It allows the group easily to set up a replacement in the person's role, but this role is now somewhat changed in accord with needs that had already been present before the death of the person. In some sense, then, a person cannot really die alone. His death has meaning to his group. It changes the group.

In spite of the need to be free of the group in order to develop a true individuality, the fear of too much conformity and loss of individual separateness actually prevents the development of some individuality. After all, the ability to think in English was developed by a group process and by much con-formism. This ability allowed the development of a very broad degree of interaction with other beings, a degree which would not be possible without language. It also enabled the individual to develop extensive self-separateness.

A foot is amputated as an individual foot, not merely as a member of the body. The constant possibility of amputation sets apart foot-life as real. Yet the foot has no choice about being a member of the body. The individual has no

choice, either. He is a member of some group. It is useless, then in my mind, to try to become completely autonomous.

Existential Anxiety

Existential anxiety is the threat of impending non-being. It is a threat to the very foundation of selfness and belongs only to man. Animals may be anxious because of conflict about impending danger but they do not conceive of non-being. The conflict itself prevents resolution of tension into a working emotion. Existential anxiety is not an affect like sadness, joy, or fear. It is the energy produced by the full realization that non-existence impends. A person commonly and normally experiences some degree of such anxiety without converting it to fear or to any other emotion he can act upon. Therapy, of course, is made difficult when patients want the doctor to rid them of normal anxiety. Patients should be educated how to make good use of normal anxiety, pain, and unhappiness.

Anxiety prevails when an individual is avoiding the experience of pressing emotion, or perhaps of perceptions which he wishes were "not mine." It prevails also as an atmosphere in some group of his which is maintaining similar avoidance.

Doctors as individuals, for instance, may avoid perceiving that by treating only mildly sick, interesting, and affluent cases of their own social class, they are pretending that they are not really responsible for the poor and the uninteresting. They are pretending that they are not relegating many people to suffering while they help a few people slightly. They do not see the sick as society's responsibility. They do not see the doctor's pay as also society's responsibility, and therefore they feel no need to unite themselves with the patient's problems nor with the problems of the patient's class or group. When the concept of such social responsibility dawns in laymen, however, an entire medical society may act anxious--as if it needed to avoid something. Part of this anxiety is existential. It is perception of a threat to a way of existing.

National anxiety prevails when a nation tries to maintain an image to itself of caring for humanity and concerning itself with mankind, but at the same time the nation is avoiding responsibility in Asia, for example, as if Asian countries were inhuman enough or unimportant enough to be neglected. Or else they are to be only roughly or kindly handled--but with detachment. Furthermore, to go to war with hatred in the heart would be to destroy an image of individual and national self as benign. This produces anxiety because of the fear that this important self-image may become extinct. In order to avoid responsibility for involving the national self in the life of Asia we must use a lot of energy to blind ourselves to the human needs and the humanistic contributions of these Asians and to their participation in our own national self. This energy is a tension which is equivalent also to anxiety. We face the impending non-existence of a class of humanity--the Asians--which is a part of our collective self, though we are denying that it is a part.

True existential anxiety occurs when the patient is faced with a change of his old self (his old way of existing) even if the change is an ultimate benefit. For instance, a change to a better job is a threat if the old job had become a part of the old self. Freedom of the individual to change, then, brings anxiety. Persons surrender individual freedom in the hope of getting rid of anxiety.

While anxiety may be induced into the individual by the atmosphere of the group he is in, the anxiety itself is not felt as a threat to that valuable collective existence but only to individual existence. When the mind is pre-occupied with the group the individual may sense no anxiety, even in the most threatening circumstances. Thus a mother may see clearly the threat to her own existence as she willingly sacrifices herself for her child. The same might be true of the soldier who sacrifices himself for his buddies or his unit. Some existentialists, however, might say that these sacrificers were not completely autonomous persons. They were merged dependently or symbiotically with others.

Shame-Anxiety and Guilt-Anxiety

If the patient sees his therapist as truly human like himself, the patient has no necessary shame nor guilt when he brings up into the dyad all the "not-me" part of the self. They are appropriately "me-as-patient." At a formal dinner, however, the patient would act as if the part of his life when he is sitting on the toilet was "not me." Before a police captain the patient's little thievings would become "not me." Before adults, the child-within-him would be "not me." Yet these many aspects of shame are natural. To see the self as part of nature may produce a shame-anxiety in a certain social situation as above. But it would never produce an inward guilt-anxiety, felt as a stain to the self.

Guilt-anxiety threatens the value of the self. In order to avoid that guilt, I may lean toward a new superego, a new set of moral values. I may have to make new ideas a part of myself. I may have to let some of my old self die. Shame-anxiety, on the other hand, is only a threat to my external world, to my possessions--perhaps to my relation to child, parents, body, or job. I can study shame-anxiety as an emotion--the same as I study fear. I can compare it with other emotions. True guilt-anxiety, however, is so much a threat to my existence, and therefore so much a part of my existence that I cannot study it objectively and comparatively.

Existential guilt is a part of being and is inevitable at certain times in the course of life. In any part of life it is always present as a potential. If the therapist sees this guilt in the patient as mere "guilt feelings" he relegates it to an attribute or a possession of the patient, and not necessarily a part of the patient's existence. It is not a part of his existence in the way that choice-making is. The patient who sees guilt as merely one of his possessions is merging his existence with that of the group and is not living his own being as guilty. For it is only as a group member that he could feel such a possession as integral with his own personal existence. In some other society, such a group member might not even be guilty. On the other hand, the patient's refusal to accept his childish, his authoritarian, his cool and rational feelings as a necessary part of his existence, will lead himself to a more personal guilt. This is the guilt of denying part of any man's existence. It is not the guilt of denying what the society considers distasteful.

Existential guilt produces symptoms only if it is rejected as a part of the self, in which case the person develops a neurotic guilt and anxiety, with accompanying symptoms. Existential guilt, then, comes about because one has self-awareness. It does not come from taboos or suppressions of instinct. It comes, rather, because the person realizes that he can choose or not choose to use his

own potential. Thus, everyone participates in some existential guilt, for everyone is constantly readjusting decisions about his own potentialities.

Existential guilt can be of three types. (1) The existential guilt of one's own inner world (the *Eigenwelt*) comes from forfeiting one's own potentiality. (2) The existential guilt of the world of encounter with other people--the you-me world--(*Mitwelt*) comes when the self intrudes on a fellow man's potential. (3) The existential guilt of the political and physical world around (*Umwelt*) comes from intruding on the potentialities of nature as a whole--usually by separating the self from nature, thus doing an injustice to nature's own potential. For one's existence belongs in nature and constantly acts with it.

The Subject-Object and the World-Soul

The psychiatric approach to a patient should eliminate the subject-object dichotomy in such a way that the psychiatrist feels he is in the same world as the patient, and yet is preserving the reality of his own existence. There is, then, a sense of community--patient, doctor, and other people. The doctor does not take an objective view of the patient from a white coat position. Neither does he lose his own identification in a merger with the patient's world or the patient's self.

The patient's problem is usually the loss of the sense of his own being, or it is the loss of the sense of belonging in his own world. These are schizoid problems, not hysterical problems. If the doctor sees them as only hysterical, he may be concentrating on a beautiful drama instead of on the real problem. In other centuries, hysteria was perhaps a more real problem--dramatically expressive behavior capturing the interest of others. In the 1200s a person was flotsam within nature. In the 1600s he gained power over nature. Now in the 1900s he is estranged from nature, community, and his own body.

A person cannot develop himself within society by means of introjection, identification, etc. unless he trains himself to be conscious of that very self and to realize that he himself is the one making his choices. Thus, the present "I" knows the eternal historical "me." Within his own mind the person must function so as to see himself as object and subject at the same time. When a person is thus conscious of self he can stand aside and see the self-relation to society. If self-transcendence brings the greatest freedom of choice and action, theoretically a person so freed can express himself in all the possibilities of human action--romantic love, heavenly love, empathy, and the management of animals and plants. He has empathy for the qualities and the needs of materials such as leathers or woods or stones, from which he may create artistic communications. He has awareness of the strength and possibilities of his own muscles. Without this freedom of action the individual would be more rigidly confined to a single world or a single mode of self-expression.

The Three Worlds of Existentialism

The Umwelt--the biological and physical world--has within itself no self-awareness. It includes all the instincts and other biological behavior. This is the world to which we must adapt since if we did not we would freeze to death or starve or die of exhaustion. As a society we have learned to modify parts of

this world. As individuals we can do very little to change the Umwelt. We can only adapt to the methods our society has developed to avoid or control most Umwelt problems--clothes, heaters, weapons, drugs, irrigation.

The Mitwelt is the world of one's fellow men. One's relationship to others makes changes in those others. This is not adaptation but interaction and encounter, where both members are changed.

The Eigenwelt is the mode of one's current relationship to self. In it, I grasp what a flower means to me. This flower, or other objects, has different meanings to different persons and to different stages of me as I live my life. What I am to myself feels different at age 10 than at age 20. This interior world is the Eigenwelt.

Thus, in the Umwelt, "The flower is pretty in comparison with other things in the world." In the Mitwelt, "The flower fits prettily into our relationship," or "I agree with you that the flower is pretty." In the Eigenwelt, "Compared with other things in my mind, the flower is pretty."

All three of these worlds must be lived. If we leave out one mode we avoid reality. Binswanger felt that psychoanalysis dealt only with the Umwelt. Psychoanalysis was mostly concerned with the individual's struggle with his biology and with society. H. S. Sullivan and other interpersonal psychiatrists were concerned mostly with Mitwelt. They saw the self as a reflected appraisal from others of the position in the group which the person held currently. Such a self was always changing in its quality--perhaps with discontinuity and with sudden sidesteps into other roles as life went on. The person remembered currently the past things that would connect up a single line of history for him. He saw himself as always the same person, even if the self's social role did change. At different times, then, he was a criminal, a liberal, a soldier, etc., and his attitudes toward the world and toward himself were different.

Though existentialists tended to feel that Sullivan, somewhat like Freud, molded the self toward social conformity, nevertheless Sullivan showed how socially conformed the self really was. From the understanding of that real conformity, a person could build a true independence, but if he assumed independence had already been built he would not go on to build it. Only by understanding that a delusion is a delusion can we break free of that delusion. Sullivan, like G. H. Head, didn't think the self had all the independent existence the psychiatrists thought it had. The self was a precipitate of the culture, including the myths, the styles, and the tastes. It was also a precipitate of interactions among actual persons and between the person and his physical world.

Exercising all his potential, a person plans, acts, and is understood in all three worlds. In personal tragedy, for instance, the individual is conscious of his full inner identity in the midst of the natural, social, and interpersonal forces upon him. Modern man often avoids this. Because modern drama leaves out the Eigenwelt there are virtually no tragic dramas today. Most of our audiences today are merely swept along together by musical comedy or by stylish, catchy situation dramas. In all his sadness and delight, man lives his own life fully. Even as an audience member he exercises his own talents for involvement in preference to being merely entertained.

The Various Kinds of Time

The Umwelt fits into clock time. Everywhere in the Umwelt time flows at the same speed.

The Mitwelt exists in a time with variable speeds and intensities. This time slows or speeds up as we become bored or intensely absorbed in the other person. The duration of an intimate relationship with another cannot be measured meaningfully in the days or years of astronomy or of clocks.

The Eigenwelt has no duration in time. There are simply immediate eidetic graspings of insights, self-awareness, metaphor, or poetic feeling.

The "I" in any of these time-worlds is the human being's act of becoming something different. The "I" is the point of the universe's flow of time, where the individual meets the future (Umwelt). It is the point of change of relationship between persons (Mitwelt). It is the point where feeling changes within the person (Eigenwelt).

Even in the severe psychoses and neuroses anxiety is suspended if the individual can imagine a future without this anxiety. Sometimes a painful memory without attachment to a plan for a better future, is kept out of consciousness and yet it continues to influence acts, with less direct pain but usually with anxiety from "causes unknown."

The past becomes alive, influential, and useful only if the future is important to the individual. Remembered events have but little relation to the actual events of the individual's past. Only 1/10,000 of the events in one's life are remembered today, and even these are often distorted. The future determines memories. How we remember a thing depends in large measure on what we intend to do with it in the future. The future determines the past. Memory, like emotion, is a creative process, with the future in mind. To the existentialist, the past is Umwelt and is therefore only a part of the influence upon the person--there is also Mitwelt and Eigenwelt.

The psychoanalytic patient cannot make any practical use of his couch memories until he has some commitment to the future and also some self to commit to the future. But the building up of the memory system or myth in conference with the psychiatrist can help to strengthen a small self. The resulting larger self, committed to a future, has a need for more useful memories. As the traditional psychoanalytic patient builds up his self-respect, his self-confidence, and his ability to act on his own, he also builds up a history of self that he can tolerate and which supports his new confidence and respect.

Existentialists do not believe that historical forces carry the individual along automatically. They think the individual has choices. They are adversaries of Spengler's historical cycle, which coerces each individual into the particular styles of thinking for the historical stage of his time. Existentialists also run contrary to Levi-Strauss' structuralism, which sees a single set of patterns underlying all human behavior.

Brain-injured people are tied to the immediate concrete situation. Anxiety-ridden people are tied to the immediate concrete situation. Their horizons are narrowed in space and in time. Thus, an extremely tired hiker may be able to plan only his next step, one step at a time. The severely brain-injured person has difficulty in generalizing what he knows. He may not even be able to do with his right hand what he has learned to do with his left. The "normal" person, however, can think beyond the narrow horizons of a particular time and place. He

can think of possibilities and potentialities, but what is "normal" depends upon a person's role and status. On a long march, a private is more likely to fall out from exhaustion than is a sergeant with a comparable degree of physical stamina. In the stress of battle a rifleman may be doing well if he can plan ahead for one minute. A man who can plan ahead for ten minutes can command a platoon (lieutenant). A man who can plan ahead for one day in combat can command a division (major general). Thus, the normal man can transcend the immediate concrete situation in contrast to the brain-injured, the anxious, the exhausted, or the animal.

Dishonesty is transcendent behavior. It takes more intelligence and more personal integrity to tell a lie than to tell the truth. Police who "grill" suspects often put them under such anxiety that they are unable to tell good lies. The lie, the promise, and the contract thus successively move the person from Eigenwelt to Mitwelt. Financing, and especially the managing of marketing, moves the person into the Umwelt. Ever since man transcended the immediate situation in all three of these worlds he has evolved as a species ahead of animals. As he fits into Rousseau's social contract and into the competition of Adam Smith's laissez faire economy, he is able to compete in a political and in an economic world either as individual or as group, and finally reaches the Spencerian "survival of the fittest" in purely human economics. Thus, existentialism can fit the dog-eat-dog competitive world which sees the individual as developing in competition with his society--as early Freudian psychoanalysis also saw it.

Some modern existentialists, however, see modern man as becoming free of the need to impute order and design in everything--free of the fear that disorder somehow eliminates being and makes man anxious. Some people (Sartre and Camus, for instance) accept the world's natural disorder, dirt, pornography, and absurdity along with its elements of order, joy, and reason.

Psychotherapeutic Techniques

There is no stereotyped technique by which a therapist can immediately help a patient to reach his own potential. The therapist must first understand the patient as a person, and then develop techniques which are appropriate to the therapist and the patient in their personal encounter. That is, the therapist must first understand the patient as a being in this world with the therapist. It is well for me as a therapist to conceive the patient as accompanying me on Spaceship Earth. He cannot be gotten rid of, he cannot be held at arm's length, his treatment cannot consist exclusively of interviews with me. He must "interview" with himself, with other individuals besides me, and with the world of human groups and physical nature. His badness or weakness must be recycled usefully--compatibly to himself, to me, and to the world. (Eigenwelt, Mitwelt, and Umwelt)

As an existentialist, I consider the existence beside me of the other individual. I am not at that moment concerned that groups, industries, languages, geometries have any existence worth our primary concern nor that culture pre-exists the individual man. Only thus can the relation between us come to its full power. Yet we must both go beyond this relationship if we are to develop in Spaceship Earth--the patient and I as explorers interviewing the world.

Traditional patients and doctors sense their self-existence as legal and biological mechanism. They avoid awareness of self as feeling and changing together with other people and things. They avoid confronting their own existence. That is, they suppress existential awareness. When patients seek a mechanical gimmick for managing life, traditional psychotherapeutic work sometimes rewards them by structuring their neurosis and getting them to fit into society as good machines. Non-existential therapy in one way or another acculturates the patient—gets him to make his world identical with the culture. He gives up freedom and therefore has no anxiety. Of course, his group may have a group anxiety if the group itself is free. But the patient as an individual doesn't have anxiety except when the group rejects him—frees him.

The existential therapist, however, does not aim at cure but only at getting the patient to experience his own existence. This is more than coming to experience fully his own pain or other feelings, for these feelings would also occur in traditional psychoanalysis. Rather, the patient comes to experience himself as always acting on his own, quite apart from the society, but parallel to his society, so that he can manage his behavior with knowledge of society's needs—whether or not he chooses to conform.

A person's tendency to merge with the tribe—to be absorbed in the *Mitwelt*, to slip back into being *Man*, to dissolve incognito into the anonymous mass—is analogous with the "death instinct." A person's tendency to differentiate himself from the tribe—to see himself as always having been autonomous—is the equivalent of self-assertion, the opposite of death instinct. Social conformity, then, is a "resistance" to really living as a free autonomous self. It is a little death—a non-existence.

Nevertheless, existence as a thinking, speaking human being could not come about for a baby isolated in a jungle or isolated in a nursing machine. Human existence is derived from a group, a culture. Therefore, therapy must help the individual to exist as a self which is necessarily derived from the group. Knowledge that the self is derived from the group allows development of a stronger self, more independent of the group and yet not destructive of the total culture. As the group-contained individual frees himself from dependency on the group for his tastes, his rules of behavior, and his grammar of thinking, he comes to exist as an independent autonomous person. But if he frees himself beyond a certain degree his behavior no longer has meaning in any group. His thinking fits no pre-existing grammar, and his choices are free of concern for society, for the other individual, or for his own pre-judgments. Then the individual becomes so free he is again without existence.

Moreover, to take away all the delusions of life is not enough. If a patient-doctor encounter results in the patient's loosening of commitment to church to such a degree that he can commit suicide, it may increase his choices but it also may decrease the extent of his culture. People who run off into an absolute freedom with what they have learned about "individual existence" won't preserve the very culture that allowed them to reach that state of freedom.

In therapy, the patient is presenting himself as he talks. The therapist does not destroy that self with patterned judgment nor with interpretations which require the patient to learn a new language or a new science. The therapist and patient communicate from one individual existence to the other—from

the patient to the therapist and vice versa. They give experiences to each other, not interpretations. From isolation they liberate each other into community--first into a community of therapist-and-patient, then into the community of the natural outside society where many other potentialities can be realized.

Most of the progress toward facing the full experience of feeling occurs in silences and not in chatter nor interpretation. Next to the empty silences there are certain non-verbal gestures which may be effective provided they are made as communications from man to equal man--I to thou--not as cuddly or fatherly doctor-patient gestures, crying into one's bib, etc. Without words to narrow, to define, and to cool off the situation and to avoid changes, the patient and doctor face the vagueness of an open desert in front of them. In this no-name desert is the origin of the world of existence. Later, one can with words transiently define the 10,000 things in that world.

Mental mechanisms, neuroses, repressions, and transferences--if seen as defenses to protect a static and secure self-position--are limitations of the individual's being-in-this-world. These mechanisms are better handled as attempts to overcome blocks to growth and change. They are signals that the person needs to affirm his existence by changing himself rather than by making indelible a former self-image.

The patient's present love or hatred toward the therapist derives in part from his past relations with his family, but much of the quality of feeling and much of the tendency to action arises from the therapist-patient encounter itself. This so-called transference, then, is actually an event within the real relationship between two human beings. Like any other defense, it is an attempt at growth. Seeking causes for behavior (including a defense mechanism) is one way to avoid the here-and-now. Seeking the "why" avoids the "what" we are doing together. When I seek to understand why something is happening, I assume that knowledge will enable me to manipulate the situation so that it will not occur again or will occur in a better way. When I seek to know more clearly what is happening I am actually participating in the problem--feeling it fully and developing my own skill to guide the situation along, even if I don't know its causes.

Existentialist "insight" for a psychiatric patient could mean the patient's coming to understand (1) his own habits of behavior and thinking (*Eigenwelt*), (2) the meaning and need for each relationship he develops with others who are important to him (*Welt*), and (3) the coercion of the cultural and physical environment upon him--plus what he means to that broad universe (*Umwelt*). Some existential therapies, however, are so concerned with the individual and his *Eigenwelt* that only the first definition of insight gets any attention. Since the insight is developed in a context of staff against patient, many patients end up only realizing how deviant their behavior is with regard to that therapeutic staff. Such patients see themselves as sick.

The patient's decision to deal with a certain problem re-forms his relationship to that problem. It re-forms his memory concerning that problem. It may allow him to stand aside more objectively and to look at the problem. On the other hand, "existentially," it may allow him to participate more clearly and

feelingly in the problem itself. Only after he has decided to quit school might a certain student become able to talk or to dream about his school's restraint upon his personal progress. After such decisions, the unconscious-in dreams, new postures, and rising new ideas--may cover up dramatically for the anxiety stimulated by the decision. Therapy then may become a way of life as further beautiful ideas cover up further anxieties. The unconscious may look forward to the future, however, and prepare the patient to live in that future. In order to avoid this covering up, the patient must have hopes that he can function as a living self in the future without the coverup or the mental mechanism.

When existentialists try to overcome the patient's existential anxiety--the fear of the self's coming to an end, they do not try to bring to life a stronger self consisting of skills and attributes, such as public speaking, carpentry, or a good reputation. These things constitute a more or less compiled and static self-image. A person could lose his job, his family, and his reputation without losing his spiritual strength, his feeling of personal existence. The existentialists, rather, want to bring the individual to a realization of his existence as a perceiver and decision-maker. Living on the edge between the present and the future, this kind of self is in a constant state of activity and change. It is always dying (anxiously) and being born at the same time. It can hardly move into non-existence in the manner that a reputation or a skill can become non-existent. It is this existential here-and-now self which develops the potentialities of the body, the other people, and the social and geographical environment in which one lives. Accordingly, an excess of existential anxiety opens the horizons of consciousness to realize that such a self exists apart from the image consisting of allotments from the past or attributes and roles which society imputes to the individual.

Existentialists ask the student therapist to describe his own likenesses to his patient. They ask what it does to therapeutic potential when he thinks of the patient as a "crock," a psychotic, a neurotic, a lower class person, or otherwise as "not of my kind." The existentialists speak of human beings, including themselves, as all of one class together without any exclusiveness. The therapist, as a single individual soul (Atman) communicates with the patient as a single individual soul. But at the same time, the therapist as a total human soul communicates with the patient as a human soul, a world soul (Brahma) which even includes the animal and spiritual world. And of course the patient communicates back in the same modes.

THE BOUNDARIES AND PIVOTS OF INDIVIDUALITY

By Matthew D. Parrish

1. Theme: My personal sense of individuality is a balance between: (a) a sense of self as contained within a boundary separating me from others, and (b) a sense of self as a pivotal centrality of identity or self-ness separating me from no one but maintaining a core of central identity--more closely identified with some people than with others.

(a) In the bounded sense, I feel my self as internally consistent and integral. It ends abruptly at its boundary and is separate from the selves of all other people.

(b) In the pivotal sense, the farther I look from the inner focal point of me the less personal my own sense of self becomes. That sense may change from identity to belongingness to membership to acquaintance to alienation. It may reach contradictory mixtures of identity and estrangement but I do not worry where that sort of self ends--it simply fades away among other people, and things. Sometimes it may overlap with other selves, sometimes fail ever to reach them at all.

Greek Attitudes

2. Philosophy and Self Concept: The Greek assumptions and attitudes about mathematics, art, music, politics, are congruent with the feeling of Greeks for themselves as individuals.
3. Bodily Separateness: The theorems of Greek geometry are concerned about separate bodies which exist in themselves--e.g., triangles. One triangle is over here, another is over there. Geometry may compare them, may find them congruent, etc., but each exists in its own right whether or not there is anything else in the universe.
4. Space and Body in Greece: Greek geometry, then, conceives of empty space as simply a nothingness. Of course, a geometer may enclose with new lines the space between two triangles. He would consider the polygon so formed as a figure in itself. It could be a measure of distance or area between the two triangles but it is only each figure that is significant, the triangle, the polygon, etc.--not the empty space upon which the figure is projected.
5. Geometries: The basic Greek geometry was solid geometry. Plane geometry was only an analysis of the solid. It enabled men to measure out areas upon the solid earth or upon architectural forms, etc. The basic Western geometry, however, is plane geometry. We erect a second plane upon the first one in order to produce three-dimensional space and solid figures.
6. Individuals: Likewise, the Greek individual was considered as largely self-contained. A whole man was complete in himself. The typical Greek individual was something of an artist, a businessman or tradesman, an athlete, a loyal worshiper of the gods. Thucydides, the historian, was only an analyzed part of Thucydides, the man. He was also an athlete, a general, and an artist. Alcibiades was a politician, a general, an athlete, and a philosopher. Thales was at least a philosopher and a businessman. And so it went. Practically every freeman, considered as a whole person, was emphatically a soldier, a politician, an

athlete, an artisan. Western men looking at Greeks or at other westerners, perceive the man in parts--composed of several such careers, or perhaps only as one career. They seldom see the career as only an aspect of the man.

7. Sculpture: In Greece, the leading art was sculpture--the solid self-contained in-the-round representation of a person or animal. Painting aspired toward looking more like sculpture. Shading was used to show the roundness of form--the cylindrical arm, the bulbous nose. Practically no paintings of China, Egypt, or Persia, for instance, show forms in-the-round so prominently as the paintings in Pompeii.
8. Self-Containment: In Greece, the play, the poem, and the painting, like the person and like sculpture, was set off from other things and self-contained. Greek music was expressed also in a single self-contained line of melody with a definite beginning, middle, and end.
9. Solid Music: Music was "sculpted" around separate and distinct tetrachords. In Western music this would be something like organizing our music into separate octaves. The tetrachords employed in any one piece of music were organized in a particular mode, a particular structure of its four variously pitched tones. This is reminiscent of Western music's eventual organization into scales. But scales did not contain for Europeans the separate and distinct emotional atmospheres that the various musical modes represented for the Greek--as asserted, for instance, in Plato's Republic. (Book III, 398a-403d) See also Aristoxenus: Harmonics (Ed. Macran), Oxford including Macran's Introduction.

European Attitudes—Geometry and Art

10. Geometry of Relationship: In the Western European sort of geometry presented by Descartes (La Geometrie) in the late 16th Century, the triangle is simply three points positioned in space. They have a measurable relationship to the axes and the origin of this spatial grid upon which they are projected. Consequently they also have a definite relationship to any other triangle or figure on that grid.
11. Western Space: Space in Descartes' geometry is a very real entity. It is not merely nothingness.
12. Cartesian Pivot: The origin (where the axes of the spatial grid cross) is the point-of-view from which the universe is measured and delineated.
13. Space and Art: The origin on the spatial axes is analogous to the "point-of-view" of the spectator in perspective paintings. It is analogous to the point-of-view projected onto the Western sculpture. This sculpture was originally constructed to fit into the niches of the cathedrals. When it came out of the niches of Chartres and off of the bas reliefs of the Florentine baptistry doors it took on multiple points-of-view. It became a collage of points of view impressed from many directions. But unlike Greek sculpture, it never became palpable masses and proportions. It never was felt as swelling, looming, or weighty solidity.
14. Space and Music: The origin on the spatial axes is analogous to the tonic chord in Western music. The music is oriented around this chord as the final possible resolution which gives all melody and harmony its meaning within that particular piece.

15. Self-Contained Figures: In painting, Giotto in the early 14th Century produced realistic figures by putting rather dull chalky colors in well-delineated boundaries. This mode of painting within boundaries is a little reminiscent of a child's coloring book. This was a dominant form of painting in Europe for about 200 years.
16. The Figures in Perspective: Artists like Botticelli and Raphael produced very beautiful, well-boundaried figures in a space organized by line perspective. This perspective related every figure to every other figure in the picture. The size of a figure did not depend upon its own personal size but upon its relation to the observer. A child walking close to the observer appeared bigger than a grown man halfway down the road.
17. Free View: Line perspective in Greek and Roman painting was seldom so marked as to keep the observer strictly in his own position. Even less did Egyptian, Persian, Chinese, and other cultural schools of painting try to unify a picture around line perspective. The spectator was free to shift his point-of-view around among the figures in the picture.
18. Classical Bounds: Greek and Roman art, like the early Renaissance art, was always boundaried. Each figure was self-contained.
19. Vision of the Light: In the early 16th Century, however, painters like Giorgione and Titian began to paint the light itself. They did not paint the "natural" color of flesh. Rather, they painted the particular color brought out upon it by the kind of light which bathed it.
20. Light as the Entire Painting: Boundaries were not things in themselves. They were changeable appearances fashioned by the light. Whether a figure even existed usually depended upon whether it was in the light. In the late 19th Century, Renoir and Monet painted only light. Renoir particularly enjoyed painting his model Gabrielle because, as he said, her skin could take the light. Monet painted many different pictures of the facade of Rouen Cathedral. The light shimmered and glowed foggily in blobs and glints, constructing a floating image of uncertain boundaries.
21. Light as Spatial: For these Western artists, light pervaded all visible space. Playing with light they played with space.
22. Space as a Thing: As with Descartes, space was a real entity.
23. Neglect of Light: The Greek or Roman artists, however, felt the ambience of the light only a little. Very occasionally he did paint cast shadows.
24. Nihilists of Light: The great artists of Persia, India, China, Egypt, and Ancient Mexico felt that ambience not at all. In all their art they never painted a cast shadow.
25. Mountain-Water Pictures: In Far Eastern art, significant things were often lost or barely discernible in mist but seldom in shadow.
26. Light--East and West: These Eastern artists were like fish who did not perceive the water they lived in. To the European artists, they didn't seem to perceive the light and its full space-rendering effect.

27. Musical Structure: Medieval music usually consisted of a single line of melody, sometimes with a second voice singing the same notes a bit lower. In this respect it was reminiscent of Greek music. In late medieval times, singers began to hold one note as a sort of drone, while another voice, lower or higher, carried on a fairly intricate melody. Still later, two or three interweaving melodies would be played simultaneously in the same key, and the modal system of constructing a scale practically disappeared from European music. Later, music was often a series of chords which took from their relation to a basic tonic chord their own feeling of suspension, anticipation, or unbalanced tendency toward change. Once the series of chords resolved into the tonic chord the music was at a solid resting place. The listener didn't feel it needed to change or to move on. Equivalent to Descartes' "origin," the tonic's relation to all figures of music gave those figures their positional meaning.
28. Organized Musical Pieces: Dufay and other Netherlanders in the 15th Century put these many-textured melodies and harmonies into emotionally moving, self-contained pieces. They were contemporary with Van Eyck's glowing textures and bounded figures in oil painting.
29. Fields ?: Just as Descartes expressed space as a living, all-pervasive entity, so Bach, for instance, with his organ pieces filled all the cathedral's space with his music.
30. Aural Space: Bach's music was space. In this musical geometry, every figure filled all space. One melody had a definite relation to another, one voice had a definite relation to another, one chord had a definite relation to another.
31. Synchronic Spaces: Bach set one space synchronously against another space. He wove one melody simultaneously against another melody.
32. Diachronic Spaces: Bach set one space diacronously against another space. He sounded one chord and then sounded another chord, which produced a definite feeling of relationship to the first chord. The meaning and power of one chord depended upon the existence of the other chord.
33. Double Worlds: This synchronous and diacronous handling of the same musical elements was analogous to a geometrical figure constructed upon rectangular coordinates which were superimposed upon polar coordinates. Both kinds of space were figured simultaneously.
34. Individuals, Music, Geometry: This European handling of both music and geometry was analogous to the relationships between two or more persons within a family or a small society. Each person took his individual meaning from the quality of such relationships. The value and feeling of European life similarly derived its meaning.

European Attitudes--Science

35. Space as a Thing: In West Europe, astronomical space for most people came to have an even more feelable and clearly sensed reality than the geometrical space of Descartes.

36. Need for Causes: Kepler knew that planets whirled around the sun in elliptical orbits. He knew how their velocities varied in orbit, but what made them move? --some wind out in space or angels with whips?
37. Perspective as Cause: Newton put everything under one uniting concept--gravity. Every body in the universe attracted every other body with a measurable force. Each body constituted a point of view for its own force field, which spread pervasively through the universe. The forces from every object in the universe infiltrated each other--interlocked, overlapped.
38. Anthropo-ergism: But the conce~~p~~e of the force of gravity was similar to the force of Newton's own muscles.
39. Warping of Space: Einstein further simplified planetary motion by asserting that the presence of a mass at one position in space was accompanied by a curvature in space pivoted around that position.
40. Curve as Cause: Any other body in space would move along that curve. The paths the two bodies took would depend upon their masses and upon the motions they started with. For space's patterns of curvature change in accord with the mass and the motion of the bodies. The bodies moved along the curves of space as a surge of water would naturally roll downhill around hillocks and gullies.
41. Information Flw: Light itself followed that curvature in space--as did the transmission of any other information.
42. Space as a Thing: Space to Einstein, then, was not a nothingness. It was a real thing--just as it was to Descartes, just as it was to the European painters, just as it was to the musicians.
43. Fugal Handling of Space: In the fugues of his Unaccompanied Violin Sonatas, Bach set certain melodies and their harmonic support a few measures into the future so that the future was heard while the present melody sounded. From the flow of sounds the listener had certain expectations of the melody about to be played, and the melody in his mind he set against the present sounds. See J. S. Bach: Sonata for Unaccompanied Violin--Fugue in G Minor, Oxford. Also, Jascha Heifetz's rendition on RCA Victor Record LIT-6105.
44. Space and Time: Bach also based the present sounds upon past melody so that past and present were felt simultaneously. Bach sounded one brief note of an accompanying melody and later he would sound another brief note of it. In his own head the listener would interlace the intervening space with buffering melody. Sometimes two or three pervasive spaces existed synchronously.
45. To Drive and to Lead Behavior: Analogously now, an individual exists as a relationship to his own past (superego) and his own future (operant conditioning). He does not exist just self-contained in the present. That is, his behavior and his feelings are controlled to some extent by his past experiences and the people he has identified himself with. They are controlled in part also by what he expects to happen in the future.
46. Pervasive Influence: Every individual affects every other individual in the world--individuals past and future, near and far. Of course, his effect is greater upon nearby persons.

47. Individual as Contents: The individual can be seen as a set of personal qualities, thoughts, and feelings existing within a definite boundary. Outside this boundary everything is "not-me."
48. Individual as Varying Field: The individual can also be seen as a pivotal density of emotional and intellectual influence. He "curves" and distorts the emotional and intellectual quality of the field of life space around him. The effect lessens with distance and time.
49. Gravitation and Individuals: Two pivotal individuals negotiating with each other follow the interweaving fields of emotional and intellectual forces around them. The presence of one field alters the other, while it is being altered itself.
50. Condensed Focus: Metaphorically, this pivotal kind of individualism can be seen as a soft dumpling which has a very hard and very condensed center but which loosens up toward the periphery. Its outer edges are indistinguishable from the broth itself. Again, it can be seen as a herd of cattle on the open range in old Texas. A particular herd, let's say, is clustered mostly around the central ranch buildings but some members of the herd are scattered out across the rangeland and mixed in with cattle from some other distant ranch. There are no definite boundaries to the herd.
51. Fences Reify Invasion: The boundaried type of individuality corresponds to the rangeland after fences were built, so that the minute one cow crossed a fence he was in some other ranch's territory. That ranch had been invaded, trespassed upon. The central buildings of the ranch were really no more the rancher's property than was the fence.
52. Boundary, Eternity, and Individuality: Two boundaried individuals negotiate with each other across that empty (Greek-like) space between them. Each within his own bounds maintains his own personal and unchanging character.
53. But Brittle: The boundaried individual is like an egg in its shell. What's inside the shell is egg, what's outside is not-egg. If the shell is broken the egg loses its integrity. The housewife then may provide a cup as asylum for Humpty Dumpty.
54. Resistivity: If the outer layers of the dumpling are bitten into, the dumpling's central integrity is not much damaged. A little more stewing in the broth--in the fields of intellectual and emotional forces--will restore the dumpling--not so with poor Humpty Dumpty.
55. Environment and Self: Some environmental influences tend to give people a sense of boundary. Other environmental influences tend to give a sense of pivotal centrality.
56. A Middle Eastern Self: Life in a desert area usually produces a sense of boundary. As a nomad travels across the desert, all is waste and sand until suddenly when he takes one more step he is in the oasis and the world is immediately green with grass and trees, birds sing and fountains flow. This is a garden. It is boundaried space. The other world one step over the boundary

is the desert. When the sun sets on the cloudless desert it is suddenly cold and dark. There is never doubt exactly when the sun sets or rises. To desert people, when the sun sets the day ends. This is a time boundary.

57. A West European Self: On the other hand, rainy foggy countries tend to produce a feeling of centrality in persons. One piece of land is about as good as another, one hour is hardly distinguishable from the next, no one knows exactly when the sun sets on an overcast day. Time must be calculated by means of some man-made instruments, and one minute is as good as the next.
58. A Mongoloid Self: A nomadic life on the unfenced plains of central Asia will tend to produce a feeling of centrality rather than boundary. The nomad travels as the weather changes. Clustered around him are his flocks, horses, tents, and other possessions. His defense is seldom a wall. It is more likely to be a skill in fast maneuver or infiltration.
59. Agoroid Self: Cities built at crossroads develop a central marketplace with outlying manufacturing and living areas. As the traveler moves toward the center of the city the atmosphere becomes more characteristic of that particular city. The shops and the population become denser. As he moves out away from that center the population thins out and it is uncertain exactly when he has left the metropolitan area.
60. Boundary and Centrality in War: The trench warfare of World War I was a war between peoples who were thinking about boundaries. The North and South Vietnamese who fought in the Vietnam war, however, were pivotal infiltrators with little sense of boundaries. The Americans and French as nations have a great sense of boundary. As soldiers in Vietnam, however, both were more infiltrative. They fought more from power clusters or pivots rather than from behind boundaries.

Persons as Pivotal or Bounded

61. Boundary: Characteristics of bounded persons are: walled cities, castles, war tanks, steel-topped automobiles, stages raised above the audience with an orchestra pit separating audience and stage, with a prosenium arch across the front of the stage, pictures well framed, long dresses and veils, houses with small grilled windows.
62. Centrality: Typical of the centralized and pivotal personality are open cities with central marketplaces, cities which fade away into the countryside. Typical also are fast unarmored cavalry or airplanes, theater-in-the-round where the stage merges into the audience, frescoes and unframed pictures which tend to merge into the real world, convertible cars, motorcycles and bicycles, whose occupants wave cheerily at each other as they pass, even though they never met before.
63. Paranoid: The mentally ill person with a boundary is most typically a pure paranoid. All good is inside of him, all bad is outside. He is very concerned about being intruded upon.
64. Schizoid: A mentally ill person who operates from a centrally clustered and pivotal personality is most typically a pure schizophrenic. His thoughts are fragmented, his behavior unpredictable. He may sleep right in the middle of

the ward floor and yet feel isolated. He may say anything to anybody or he may talk to himself without a coherent pattern of thought.

65. Infant: Interaction between the infant and his culture usually defines the infant as having an inside and an outside. When this distinction is first made the child may still believe that the outside is a part of himself. It's just the outside part of his "dream." At any rate, most children soon believe that the inside (memories, pains, decisions, feeling of love, etc.) belongs to him. The outside (perception of the landscape, acts of other people, etc.) belongs to others.
66. Culturephore: The mother transmits the culture to the infant. This is done within the little world of the mother-child symbiosis--in which the mother and child are mutually dependent on each other and rewarding to each other.
67. Mother-Child: Interaction between the infant and his culture, however, defines the infant as having a central condensation of self which fades away, sometimes rapidly, sometimes slowly toward the outside world. The infant probably considers his mother as part of himself at first. In a sense, the mother-child symbiosis is the infant's self. But it is only part of the mother's self since she also belongs in other social groups.
68. Bounded Child: When the child perceives himself as bounded he will see the societal activities of Mother (unrelated to him) as the actions of another person--for instance, the actions of a witch-mother who is powerful but is not really part of the true self-mother.
69. Pivotal Child: Insofar as the child feels himself centralized and pivotal instead of bounded, he will feel that there are times of Mother and functions of Mother which are less a part of him or of his usual mother than are other functions and times.
70. Non-Verbal Space: Within the mother-child symbiosis (and sometimes within the child-family symbiosis) the child becomes expert at getting Mother (or family) to understand without words. And the mother becomes expert at getting the child to understand without words. The child becomes comfortable with his picture of himself as a person who carries out his non-verbal control over Mother in terms of his own personal and peculiar way of doing it. Actually his communication rituals were worked out by negotiation with the one or two people he communicates with.
71. Overflow of Boundary: The child sees the self as a skilled personality inside his own territory. People usually talk as if that territory ends at the child's own skin, yet people give demonstrations to the child that his territory extends to some of his belongings and to the area within the ken of his eyes or other sensitive organs. If he is nursing, then his mother's breast belongs in his territory and not in his older brother's.
72. Reciprocal Territoriality: The breast belonging in his territory is equivalent to his belonging in its territory.
73. Jealousy and Boundary: When the child feels his self and his possessions have a definite boundary around him, jealousy becomes a particularly strong emotion.

If some other person intrudes into that boundary and takes away some part of a person or thing the child assumed was his own, then the child may become "righteously" angry at the person taken away as well as at the one who took that person away.

74. Anger, Depression, and Centrality: Insofar as the child feels his self and his possessions as pivoted or centralized rather than boundaried, the child may be angry at the loss of some personal things from the more outlying parts of his territorial self, but this anger is not so righteous as jealousy.

Language

75. Language and Social World: At about age one year the child is led to see that verbal language has payoffs which non-verbal communication lacks. Language gives power to reach beyond the mother-child symbiosis. By this age the child is beginning to reach out in other ways also--often putting much space between himself and Mother. Sometimes the non-verbal child wants to hold his mother within his non-verbal world, but he perceives that much of Mother belongs to the world of language and her life in that world goes on without him until he learns language.

76. Language and Self: The child's language can be seen as boundaried. At first he begins to use language by taking in whatever words come along. A new boundary develops between the language inside the child and the language outside. In effect he says, "My language is me. I speak it. No one speaks it for me. Don't you dare speak what I feel. My own private language will express my feelings." The child holds on to this boundary even though his feelings really are still obvious to others and even though his "inside" language is a copy of the language of his society.

77. Language Keys to Social Worlds: The adult may see some new words as foreign. The child does not. Nor does the student of language who regresses to a child's state in his learning. For example, in a group learning German by counseling methods, using only German, the teacher speaks for the student after the student has regressed to the beginning stage for language. She puts his feelings into words for him, thus giving him communication with the wider world (the German world) and some control over that world. Any mother similarly reads her child's feelings.

78. Boundaries and Learning Blocks: Once a student has fenced up a strong boundary around his language it is difficult for him to learn a foreign language. He can learn new words but he doesn't want to learn new grammar--new ways of thinking. The linguistic boundary can loosen and become more permeable only when the student feels so secure in his skill at a language that he is ready to share all of that language with other people. Or else the student might simply not care at all what happens to his language and just open himself up to any linguistic changes that come along. A dialect speaker can then change to standard English, which to a mountain child or ghetto child seems to be another dialect. In any case, the student learns best when his language boundary is loosened and he relies more upon a centrality of language skills.

79. Reciprocation as Reification: The only way anyone can know he is speaking German or English is by the responses of German- or English-speaking others.

80. Boundaries and Prejudice: Some people keep tight boundaries on their language forever. Some only draw the boundary at foreign language, some only at Chinese written language. They can often speak some Chinese but even after three or four years in the Far East they can't see the ideograph for even "entrance" or "exit" as meaningful symbols.

Development of a Centrality of Self and Its Relation to Boundaries:

81. Pepper: Age three months: The child perceives words in the world of both child and adult as discrete but intermixed sounds, somewhat as he sees the sky peppered with stars but not organized into constellations.
82. Inside and Outside: Age six months: There is a faint boundary of self with the inside language matching some of the language outside the self boundary.
83. Grammar: Age one year: The child's inside language begins to coagulate into a grammatically organized set of ideas. Thus his language becomes well bounded. Nevertheless it is about the same as other people's language. It is no longer a cluster of random words kept within the boundaries of the child's person. Later on, other parts of the child's self will be patterned almost identically with such patterns in the outside world--e.g., his dinner rituals, skill at auto mechanics, or arithmetic...
84. Microcosms in the Linguistic Cosmos: Late childhood: "My" language for the English child becomes English itself. It develops a dense nuclear organization, with the expectancy that all language in the world is identically organized. Some linguistic items of uncertain ownership float around between the central kernel and the less predictable thoughts more distant from the kernel. These are phrases he doesn't understand well enough to use but doesn't feel they are foreign. As far as usable language is concerned, what is mine now equals what is yours. The child is usually quick to replace his personal pronunciations or meanings with the sounds and meanings other people use. He feels the language no longer belongs to him. He merely has the use of his society's language. Without language he could not develop a complex, intricate, unique self. With language his once unique personal and non-consensual thoughts fit themselves into the names and the grammatical molds of a thought-frame he never made. His now complex self is forever merged into his society's way of thinking.

Centralized Versus Boundaried Personality--Advantages for Practical Therapy:

85. Nested Organisms Within Organisms: The theory of the boundaried biological organism (general systems theory) considers that the organism is a set of organized and interacting elements separated by a more or less permeable boundary from all outside elements. For instance, protein molecules are patterned into self-contained organelles such as mitochondria or chromosomes. Sets of organelles are surrounded by a cell wall. Great collections of cells constitute individual persons who are surrounded by skin. Collections of individuals will constitute a community or nation which is surrounded by legal limits of territory.
86. Inside = Organism: The inside of the organism is considered very pure and tender. Any intrusion through the boundary is considered an injury. Any outside element remaining inside is considered a foreign body. Thus a virus or parasite may penetrate a cell. An heretical idea may penetrate church dogma.

87. Interchange, Infiltration and Fracture: The boundary concept is supported by the superficial observation that a living tree is not invaded by termites nor by bacteria unless it gets into an "unhealthy" state so that the tree's boundaries can be intruded upon. Extensive observation, however, shows that there is always in any organism a good deal of interchange between inside and outside elements, wherever and however the boundary is defined to lie. Bacteria and viruses within the human body may be phaged by white cells or attacked by antibodies but many such "intruders" are merely lived with commensally or symbiotically. Protein molecules, organelles, cells, and other body elements are constantly rotting away and being replaced by others. The individual body itself is also constantly being replaced as an element within the body social. Like any other organism, the body social (family, community, nation) exchanges material, energy, and information between inside and outside.
88. Block: One thing prevents individuals from grasping the importance of the genes which remain the same for millenia and which whimsically bequeath to individuals certain short-lived forms and potentialities. This thing likewise hides the importance of nations or cells as organisms. That thing is the illiteracy of genes, races, cultures, etc.
89. Who's in the Writer's Seat? Most writing is done by organizations of cells and organs encased in a single skin. Most of these writing organisms called human beings forget, for instance, that genes may be exchanged between different species. An exchange of genes or an exchange of protein molecules within genes these writers very comfortably term "mutations of the organism itself." They see all such changes from the point of view of the human individual.
90. Effect of Supra-Individual "Abstractions:" Languages, races, religions, cultures do not communicate with individuals by writing books. They only communicate by molding the individual's body, brain, beliefs, and styles of behavior and thought.
91. Centrality and Interchange: The concept of the centralized or pivotal individual sees the organism as a central tendency toward a continuing organization and re-organization of its elements, plus an acceptance of more or less intrusion from the outside world. The effect of this intrusion depends upon the strength of field of the centralized core of individual identity.
92. Centrality and Influence: Whereas the boundary model would see the earth as a finite ball upon which we stick by force of its attraction, persons imbued with such a model speak of a spaceship as getting out beyond the earth's gravity. Slightly more sophisticated persons speak of getting up enough speed to overcome earth's gravity but people who use a centralistic model consider that earth's gravity and the spaceship's gravity are fields of force, diminishing with distance from their central cores but extending, however weakly, beyond the farthest stars. These centralists conceive of no definite boundary to escape beyond. The spaceship's gravitational field, interacting with the earth's gravitational field, changes slightly the motion of the earth. Indeed, it affects the motion of all the stars.
93. Centrality and Utilization: Using a centralistic model, therapy aims at strengthening the person's or the community's nuclear centrality so that all "intrusions" are utilized--often to the advantage of the intruding member as

well as to the advantage of the central core of social or individual personality. Furthermore, a defective member who seems to originate within the organism is not necessarily extruded. He is utilized or recycled.

94. Some Advantages of Centrality: The centralistic model does not have the problem of trying to improve the filtration function of an "ego" nor the problem of maintaining an intact and virgin state of mind or body nor of maintaining the self-important isolation of a nation. All intrusions and all bad behaviors are only relatively bad. They are improvable in a constantly negotiable manner. No individual in a society and no cell in an individual is considered perfect.
95. A Way of Growth: This is analogous to Ortega y Gasset's concept of the history of philosophy. Philosophy is progressive dialectically over the centuries as a chain of untruths and contradictions. Philosophies influence each other and merge with each other.
96. A Therapy for a Society: At the social level of organization the therapists of the boundary see the deviant individual as an "intruder." The therapists of the centralized core see the individual as a negotiable member, moving from the far periphery toward the center of the society. Such members may exchange one role for another or may exchange a role within the organization for an existence outside the role system of the organization. Gaining a new member, even a delinquent one, may not be seen as destructive of the organization. It may just be a part of its way of living.
97. Another Therapy: Those who seek for purity within their social system like to conceive it as boundaried. They usually want to extrude a delinquent member outside the boundaries of their community or corporation. They want the prison system to take care of him.
98. Centrality and Custom: A more centralized community such as an East Asian village or an extended family in southern Europe, is more likely to contain its delinquents, its mental retardates, etc.

Characteristics of Boundaries:

99. Boundary and Love, etc.: Since boundaries delineate the self from the not-self they allow a joy of interaction across a boundary to the other person.
100. Boundary and Accountability: Boundaries allow people to deal with a definite I, thou, and they.
101. I, Thou, They in Anger: In anger, the "thou" is relegated to the "they."
102. I, Thou, They in Schizophrenia: In a detached schizophrenic person the "I" is relegated to "they."
103. I, Thou, They in Objectivity: In objective scientific work the "I" is relegated to "they." Experimenters usually write in the passive voice.
104. Paranoia: Boundaries always produce some degree of paranoia. The individual utilizes the other to contain some of the individual's own inner thoughts and therefore to help the individual define and maintain his ideal self.

Boundaries thus allow the individual to become comfortable with himself, as he shoves all his bad qualities across the boundary and into the world outside.

105. Motor Vehicles and Self Concept: The feeling of personal boundaries is much stronger in a tank than in an auto. In a convertible car with the top down the boundary weakens. In a motorcycle it weakens still more. You may notice when you drive a steel-topped automobile that the other drivers are always doing something wrong. You yourself almost never do anything wrong. Furthermore, such drivers almost never recognize the existence of other drivers as persons. On the other hand, motorcycle drivers have no steel boundaries and they typically wave at each other. They infiltrate the traffic and they seldom complain of the other fellow's badness.
106. Architecture, Self, and Family: Air-conditioning increases the strength of the house and family boundary. It isolates the family inside the house, like a tank crew inside a tank. The summer heat becomes a wall between homes. It no longer flushes persons out onto porches and streets.
107. Group Therapy and Self: In the same manner, a therapy group produces differences in the individual's self-armor and in his concept of self-boundary, depending on whether he sits in an arm chair, on a stool, or barefoot on a mattress with others--or crowded into a tubful of nude people.
108. Transcultural Changes--Boundary: When a central African or an Indonesian comes to the United States and learns American ways of living and language, he produces a change in his own boundaries. His self-limits have been expanded to include American culture. As a functioning person within boundaries, however, he may feel smaller in America than he did in Africa because for a long time he has fewer qualities he can exercise. He doesn't know as many English words as he does of his native language. He is more sure of American customs. If he lives only with those American customs his effective personal boundary is narrowed. If he moves back to his native land he enters into another kind of boundary which is larger for him. He can do more and he can think more.
109. Transcultural Changes--Centrality: Insofar as the immigrant is a centralized personality, however, he merely gathers around himself more American qualities. He still retains his old qualities, though they may tend to die out one by one with disuse. This immigrant may never feel he has ingested any foreign customs, even though he becomes quite American in his behavior.
110. Pivot-Boundary Balance: There is no such thing as a purely bounded individual nor a purely centralized individual. Everyone has a balance between a pivotal centrality to his personality and a circumscribing boundary. This balance may be different at different periods of life in the same individual. It may be different in different social situations of the same day.
111. Boundaried Nations: The same applies to nations. A European country is very careful to define its boundaries. It feels paranoid when an unauthorized person crosses the frontier, but once a spy is established in the capital he may do very well.

112. Centrally Pivoted Peoples: Many Montagnard tribes in Asia, however, do not know where any national boundary lies. They only know that the central power of one nation is strong enough this year to collect taxes from them and to draft their young men. The next year the central power of some other nation, or perhaps of a non-national political movement, will be able to collect taxes...
113. European "Help": Europeans love to help Asians define Asian boundaries but the Asians are not as concerned about them as the Europeans are.
114. Middle Class "Help": Middle class psychotherapists, with competitive entrepreneurial attitudes, living in detached brick-walled houses, distant from their brothers and uncles, specialized into self-contained disciplines, will try to define the identity of ghetto or central African patients and strengthen their individual separateness from their peers. But the patients may want only relief from pain while remaining merged into extended families, permeable house walls, motorcycle brigades, and indeterminate locations--but strong and everlasting family anchors to pivot upon.

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CLIENTS AND CABBAGES

By M. D. Parrish

Any enterprise begins by building itself around a particular mission. The mission may be selling cabbages, for instance, or it may be caring for patients. A secondary mission of the enterprise is to pay the employees and keep them working happily. If the organization is large, however, and lasts a long time, the secondary mission becomes primary. This is especially true in government, for employees are part of the government itself.

Consequently, we will find that cabbage-shippers and salesmen will spend a lot of time talking with each other. Such talk helps their morale. They seldom talk to the cabbages. Doctors, nurses, and other medical professionals will also spend a lot of time talking to their own kind. They usually feel that they must keep competitively equal with the other professionals--not with the patients. Not only do the professionals have many conferences to which they invite no patients, but they frequently keep patients in the hospital over the weekend even though only a skeleton crew of professionals works on the weekend. The patients make out on their own as well as they can.

Now, what happens to the cabbages if the cabbage-workers become dissatisfied—if these workers think that cauliflower-workers get a lot more money for less work, or if they think that the supervisors really don't care what happens to them? Yes, cabbages will be neglected. Some of them will rot. Others will never reach their destinations. But there will be no dehumanization of cabbages.

But, what happens to the students or the clients of those who are serving other human beings rather than manipulating cabbages? What happens to students when teachers feel that they are being handled like numbers or machine parts? Yes, the students quit studying, drop out, and some may even burn down the school. What happens to patients? Well, one of them commits suicide. One rapes another. One kills. One escapes, refuses to eat. Fights occur, de-humanization is certain. What happens in prisons when no attention is paid to training the custodial personnel or repairing the building or counseling the prisoners? Yes, we have riots, escapes, homosexual assaults, drug traffic, etc.

For example, a certain high school may be housed in the oldest school building of the county. The school board pays more attention to the schools in the more elite communities. The morale of the teachers goes down. They complain to each other about the sad state of their school. They may even mention, jokingly, that it would be a good thing if the school burned down so they could get a new building. The students do not hear these words but they pick up the teachers' attitude. They begin to break the windows, to litter the hallways with orange peelings, they drop out of school. Yet in a poorer county this type of school might be considered one of the best. Morale might be high and students assiduous in their work.

In a certain mental hospital the employees believe their work draws less pay than the same type of work in other hospitals. There are sometimes too few employees to cover a shift safely. Employees spend time complaining to each other and to their managers more than they spend it with patients. The building is old, the food is bad, supplies are short. Both staff and patients

come to wish that something would happen which will relieve this situation. In this case there is no such thing as a "bad" happening. Any spectacular happening is a relief to everyone, even though it may also be a pain to everyone. Consequently the rate of suicide increases. So does the rate of escape, rape, homicide. Perhaps no employee is at fault. An employee may just be attending to a suicidal patient when another patient commits homicide or escapes.

When these suicides, dropouts, riots occur, higher management consultants who were trained in the cabbage business or the steel production business will usually reorganize the system, pour more money into some aspect of it, fire some people, punish others, reward others. These kinds of management behaviors do not hurt cabbages or steel but they may do a great deal of harm to clients, if clients are allowed no voice in management. This is most especially true when government provides services. In spite of all attempts to take away their rights, patients, students, and prisoners still remain a part of government. Yet it is very hard for cabbage administrators to believe that they improve services when they ask employees, patients, prisoners, and students to participate in decisions affecting their own welfare.

Strangely enough, one of the modern developments which helps to take the dehumanization out of management was originated in the automobile industry. This was "management by objective," originated by Alfred Sloan when he was president of General Motors. The important part of management by objective was not the care with which objectives were laid out and met, but rather, the fact that these objectives were determined by negotiation between the employees and management. Some managers in later days, however, have neglected this negotiation aspect of MBO and have emphasized the development and manipulation of concrete objectives. Such neglect dehumanizes.

Decentralization has helped to humanize management. This is particularly so in Education and Medicine, where local communities have local needs. Consequently, the members of the community will negotiate with the local managers of the services. They will negotiate in company with the community's patients, students, and prisoners to obtain a service which fits that particular community's needs. The local or regional manager of the service can then show higher managers the resources, the potentialities, and the needs of his community.

Higher management sometimes makes the mistake of trying to tighten controls in order to improve behavior. This is policing, not leadership. Such managers hide their knowledge of how to improve morale and how to increase enthusiasm for programs. Generally the more decentralized parts of management consist of professionals who know very well how to improve morale—providing their own morale is taken care of by the higher management. They function nicely when higher managers visit the local institutions not as inspectors or as anyone who is wielding power, but as human beings interested in helping the organization's work with clients and communities—interested also in promoting by means of this work the interest, enthusiasm, and enjoyment of the decentralized staff.

7/6/73

RESUME OF GENERAL SYSTEMS THEORY

By M. D. Parrish

If you want to know how long it will take you to travel from Baltimore to Washington you don't have to go out and drive the distance at several speeds--you simply use a mathematical formula: time = distance/speed. Furthermore, that formula will apply between any two cities and whether you travel by bus or train. Other formulas help us to predict how much it costs to manufacture an automobile or how likely we are to draw four aces at poker. Such a generalized algebra can relieve us of having to do so many actual measurements.

Similarly, General Systems Theory attempts to simplify our way of looking at any machine or organization so that we can manage such organizations in a coolly mathematical way rather than by anxious self-involvement with the peculiarities of a particular radio receiver, army, or oil refinery.

A system is any organized set of elements which interact with each other to produce some change or some product which affects the world outside the boundary of that set of elements.

Thus, a radio receiver or a cow can be seen as a system. The radio receiver consists of elements such as condensers, resistors, tubes, etc., all electrically connected. It receives radio waves and electric power from outside its own boundary. Within its boundary it processes the radio waves, turning them into sound waves, which it then delivers to the world outside its boundary. A cow is a set of stomachs, kidneys, blood vessels, etc. encased in cowhide. She receives grass, water, air, and perhaps love from outside her own boundaries. Within her boundaries she processes these inputs and sh-delivers to the outside world a certain amount of milk, cow manure, and calves.

Of course, a radio receiver can also be seen as an element in a larger system, without which it would be unable to function. This larger system includes the electric generating plant which supplies the power. It also includes the radio factory, the transmitter and programmers, as well as the audience which listens to the programs and creates a demand for them. A cow can be seen also as an element in a larger system. Or conversely, the cow's digestive organs and reproductive organs can be seen as two smaller systems within the cow herself.

General Systems Theory formulates principles which are valid for all "systems" in general. These principles, or models, apply to any kind of machine, animal, corporation, nation, or galaxy. General Systems Theory can render unnecessary the discovery of the principles of supply and demand in the field of astronomy when those principles have already been discovered in the field of economics. In the 1930's and '40's Kurt Lewin and others adapted field theory to practical uses in human relations. This theory had already become stylish with physicists in the 19th Century under such men as James Clerk Maxwell.

Indeed, it appears that if a new model of thinking becomes thoroughly applied to one field of human endeavor it is almost certainly a leading social style of thought and will inevitably be applied some day in all fields of

thought and endeavor within the particular culture which developed that model. These models which are structural similarities within different fields of thought are called isomorphies. The idea that there are structural similarities among most human institutions is itself a style of thinking we call structuralism. Modern philosophy and anthropology have considered structuralism at great length. Claude Levi-Strauss,¹ for instance, showed that there were structural similarities in the collections of myths from such unrelated societies as South American Indians and Greeks. Chomsky² thought the "deep structure" of language was similar everywhere. The tacit conclusion was that all human thought has a particular underlying structure to it.

Related approaches toward the integration of the different fields of human thought include information theory, cybernetics, game theory, decision theory, stochastic models, and operations research.

Closed and Open Systems

A hundred years ago most businessmen, economists, psychologists, chemists, etc. thought they worked with self-contained and independent systems. For instance, mathematicians considered Euclid's geometry sufficient and valid because it was internally consistent. This is the geometry we learned in high school. All its parts were dependent nicely one upon the other, without contradictions. Even the new and non-Euclidean geometries of the early 19th Century remained internally consistent.

A chemical manufacturer cooking up a batch of dye or fertilizer would also consider that everything in his cooking vat was interacting only within the boundaries of that vat and he had nothing more to worry about. In the field of biology, however, it was difficult to see an animal as a closed system. He seemed to be a continuous processor of food, air, wool, offspring, etc., and he was open to the world at both ends.

In the 1930s two big steps were made toward emphasizing that there were no closed systems anywhere; every system was open to its environment. First, a coolly mathematical step in this direction was made in Vienna by Kurt Goedel,³ a mathematician who proved by some very ingenious use of prime numbers that there could be no systems of geometry, arithmetic, etc. which did not depend upon some "metasystem" beyond them. Thus the axioms and assumptions supporting any geometry depended on some wider view of mathematics in which the geometry itself was contained. Of course, this sort of thing was long suspected but now it was rigidly proved. A second great step was made by Ludwig von Bertalanffy,⁴ a Viennese biologist who reduced to its bare bones the obvious open system of biological organisms. The theory thus generalized could be applied to all other fields of thought, such as economics, physics, medical service systems, etc. Not only did all systems have certain characteristics, such as inputs, processings, and outputs, but systems in a young and energetic stage of development had qualities in common with each other which they did not share with more highly developed systems.

Feedback Mechanisms

The "primary regulation" by which an organism develops works through dynamic interplay of existing processes--not by feedback. The genetic DNA code illustrates this primary regulation when it brings the embryo to develop according to

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a particular pattern or code, letting the parts of the embryo interact with each other and the whole organism interact with the environment. This "planned" and projected interplay does not depend on feedback, it just proceeds in an evolutionary manner.

The secondary regulation of a system is by static arrangements--resulting in the organism's growth by progressive mechanization. This regulation includes feedback mechanisms. Feedback mechanisms are at the basis of purposive behavior in machines, animals, or social systems. Thus, as the carpenter perceives the effect of his hammer upon the nail, he regulates his blows. As the orator hears the loudness of his own voice he regulates it for his audience. Feedback processes tend to bring the organism into a state of equilibrium. In other words, feedback mechanisms drive the organism toward solving its routine problems, such as pounding the nails into the wood or staying on course or getting along with a boss.

At first, systems tend to be governed by dynamic interaction of parts, and later, by fixed arrangements and restraining conditions which render the system and its parts more efficient. These fixed arrangements, however, diminish the system's ability to reach several equally possible future states. The system is "set in its ways" and many doors are closed to its future development.

Few systems run purely by dynamic regulation, of course, and few purely by static regulation. Nevertheless, for an example of the primary regulation by dynamic interplay of component processes the American Revolutionary Army can be seen as carrying out its mission mostly by the interplay among independent individuals and small groups which were trusted to work with others in the causes that guided the very society they made for themselves. They changed that society as they evolved along--each individual or group with his own responsibility and his own benefits. The modern American army, however, regulates itself mostly by static arrangements, insofar as the army is a welded structure of specialists and crews, with tight control from headquarters. Headquarters is constantly regulating and re-educating the persons and groups in the army according to the feedback it gets from the experience of those groups themselves. There is relatively little official interaction between peer groups unless it is programmed by the higher headquarters. Such regulation makes the army very dependable and predictable--to its higher commanders, to the public, and to the enemy.

Nevertheless, within the army hierarchy there is occasional reversion to an informal dynamic interplay between peers and peer groups. Creative work is done by new (ad hoc) groups with their new dynamic interplay. This interplay faces problems in the field itself and develops ways of solving them which headquarters knows nothing about--and may only hear about if the solutions are either very successful or very unsuccessful. The real creativeness of an established institution can be measured by the number of spontaneous splinter groups, with changing goals or short-lived projects. These groups cause the institution to evolve in spite of its static formal structure and predictable behavior.

General Systems Theory, then, approaches the understanding of an organization's behavior by considering behavior a resultant of many fields of interaction.

This is in contrast to the mechanistic world view held by the classical physics of the 19th Century. For that physics the universe consisted of the haphazard scurry of atoms and other particles, governed by the immutable laws of mechanical causality. This kind of mechanism produced the stars, the animals, and human thought. The aimless interplay of "genes" produced various organisms which automatically competed with each other to produce natural selection and the evolution of new forms of life. An individual's thought resulted simply from reverberating electrical circuits or chemical negotiations within the individual's nervous system. Scientists assumed that if they could analyze all the motions of atoms, cells, reflex circuits, etc. they could understand every thought and every disease. There must be some one cause (perhaps a gene) which brought about an inherited character. One type of bacteria must produce one certain disease. Such detailed analysis was really not possible. It was too complex. In astronomy, for instance, it was easy to predict the motion of a single planet around a sun if no other suns nor planets interfered, but to calculate the motions resulting from the interactions of three such bodies required a thousand times more work. To analyze the production of a snail, a flu epidemic, or a thought, however, would require working with millions of interacting bodies, atoms, or other forces. Instead of a three-body problem the scientist would have a 1,000-body problem.

Scientists did not want to abandon the concept of cause and effect but it was simply impossible to compute the specific cause of each phenomenon. Consequently they now explained the behavior of stars and men on an actuarial basis--as insurance companies predict the statistical behavior of large groups without concerning themselves with the particular cause for any one event. This new view of the world infiltrated all fields of business and science with the notions of gestalt, organism, holism. Once the organism or system was considered as a whole, with an input and output from and to its environment, then General Systems Theory could look with a new light upon competition, growth, differentiation, evolution, purpose, desire, need, reproduction, and death. The unitary conception of the world began to be based upon the isomorphy of structures, concepts, and laws in different fields of thought. There was no longer the hope to explain all phenomena as a part of a great mechanistic clock-work.

There are, then, two tendencies in any organism or system. One tendency leans toward an increase in regularity, monotony, predictability, "security," stable equilibrium, and self-regulation. The second tendency leans toward adventure, innovation, growth, new self-awareness, new concepts, surprises, innovative projects in liaison with others. How far an organism proceeds in this direction depends upon challenges from the environment. If the organism is able to perceive and respond to challenges from other organisms or from the material world, then it becomes more "adventurous," less secure and stable. After meeting such a challenge, however, the organism will tend to develop regulatory feedbacks and will gain some kind of stable relationship with the original challenge. For instance, according to Toynbee,⁵ the Vikings of Norway developed new methods of ship building and new concepts of tribal organization at sea in order to meet the challenge of the sea itself. Once they had become established in a fairly adequate set of procedures to manage life with the sea, they stabilized and did not progress any further for a while. Any threat from the sea called up one of several well-established procedures to deal with that threat. The Icelanders, however, had a greater environmental challenge to meet, and so they progressed

further--developing a more complex literature and a semi-parliamentary government, as well as some other innovations in social structure. Other peoples also have responded to the challenge of the sea, e.g., Polynesians, Portuguese, Cretans. Nevertheless, for all these peoples and many more, the sea was there all the time. Only certain peoples perceived the challenge and responded to it at only certain times. Sometimes this response to the stress of the sea was due to a confluence of other stresses, such as new information, technologies, or social pressures from other nations.

The Ladder of System Complexity

As we proceed up the scale away from stability, structure, and predictable behavior toward dynamic progressiveness, adventure, complexity of organization, and unpredictability, we can ascend the following ladder:

1. Structural framework--anatomy, geography, the constitution of a government, the set of rituals and dogma for a religion.
2. Mechanistic clockworks--the solar system as a turning clock, the carbon cycle or the water cycle on the earth seen as a simple equilibrium.
3. Cybernetic systems--thermostats or other regulators interpret information and use it to change the structure or behavior of a system to its own advantage as a "closed system" (homeostasis--keeping everything the same as it used to be).
4. Open systems. These systems import, process and export materials, energy, or information in exchange with the environment or with other organisms--for example, breweries or book-publishing houses.
5. Simple genetic organisms--biologic systems, such as plants, which reproduce themselves according to a pattern or blueprint (e.g., genetic code). This blueprint (the genotype) evolves independently of the working organism itself (the phenotype). Thus in the generated series of organisms not only do individuals improve their own lives but the species progresses genetically and racially as the blueprint system evolves. Higher forms of these organisms have "purposive" behavior, self-awareness, more ability to predict their future and to improve themselves accordingly.
6. Simple social systems. The elements in a society which interact with each other are not the individual animals or people themselves but the roles within the organization. The individual is simply the bundle of energy and skill which at that moment a role utilizes--and which utilizes the role. The role is both a part of the organization and a part of the individual person in the organization. But persons and roles change each other, since the person is a message from an outside system which created him, or perhaps from another role slot within the present system. Examples of such social systems are an army, a nation, or a church. These organizations sometimes behave in a way that no individual member within them would ever want them to behave. For instance, in the food marketing system of the United States, each farmer this year may eagerly use a new fertilizer which doubles his crop yield, but this yield surfeits the market, prices drop, the crops rot, and the farmers go broke.

7. Transcendental social systems. These are the integrated systems of assumptions, mythological structures, genetic patterns, and environmental influences which maintain a total culture, such as the European culture or the ancient Egyptian culture. This is a higher order of systems than a social organization. The roles in a culture are played by societies or nations of societies. They are played by languages which have a life of their own. They are played by collections of folkways and lore. They are played by constraining landscapes and foreign technologies. Examples are the advent of the spiritual solution offered by Islam or the change in a culture's energy supply offered by nuclear power and weapons.

Nothing new is learned, no character change nor change in models of thinking occurs as long as the organism can fit new information into the old image of knowledge so that the new information looks familiar. If the image of knowledge itself is reordered or if a very high energy bit of new information enters the system, then some ambiguity ensues and there may be intellectual panic. This can occur at any level upon the ladder. Examples as we ascend the ladder of more and more complex systems may be these:

1. At the structural level, a second hand is added to a model clock in the patent office, or it may be added to a blueprint.
2. At the clockwork level, the second hand operates along with the other hands on a particular clock.
3. At the cybernetic level, a temperature-compensated balance wheel on the clock responds to changes in temperature in such a way that the clock keeps good time to the split-second.
4. At the open systems level, the watch is a part of the machinery of a railroad. It paces the railroad's importation of passengers at one station and discharge at another. The addition of a second hand makes the schedules and the processing of passengers more accurate.
5. At the social level, a society begins to demand more accurate scheduling. The role of timekeeper is developed and the job description is written. Someone with particular concern for accurate timing occupies this role. The second hand is built into his personality with the help of the time pieces which participate in that personality. He organizes the countdown for space flights or he plans the coordination of a six-day war.
6. A transcendental social system may develop when a whole people coordinate themselves as if they had second hands built into their nervous systems. By scheduled coordination of many workers, designs, and industries a social-industrial complex known as Japan, Inc. may develop as a challenge to the quality of life in other societies.

Mental Health Services as Systems

A mental health clinic may have an input of patients, drugs, telephone messages, money for salaries, etc. It may have an output of patients, well-schooled professionals, old paper, etc. When we consider the number and types

of patients at intake and at discharge, or when we consider the sources of money, we know a lot about the philosophy of the clinic before we meet a single professional worker. We can also consider a larger service system which includes the neighborhoods, the courts, schools, etc. which refer patients, receive them back again, and produce complaints which in turn produce changes in the clinic if it is responsive to feedback. Clinics at a different position on the ladder have their own built-in feedback sensors in the form of followup research, which causes future changes in the clinic operations.

The developing needs of a community may create a clinic as a system open to the community's needs. According to General Systems Theory, however, it will always tend to revert to a mechanistic clockwork--a more nearly closed system. It will then exist primarily to satisfy its own internal needs. It may have mechanistic procedures for processing patients--"Evaluate the patient in three days regardless of the personal needs of the patient"; If Form 1011-B is not filled out the patient can't leave the hospital, regardless of how long he has been there"; "Only the day nurse can fill out Form 1011-B"; "Avoid training programs because they might blueprint our future for us and tend to move us toward becoming a genetically developing organization"; "Avoid research projects because they may provide feedback about our work which will cause us to change our comfortable procedures."

Summary

General Systems Theory simplifies the common processes and behaviors of all machines, organisms, and organizations. It makes a sort of algebra out of these common principles. Originating from a biological point of view, the theory considers all systems as open--as part of some larger system. In response to external challenges, systems may become ingeniously complex and expand or reproduce themselves. As the states learn efficient management, however, the system tends to become self-regulating and eventually to become a monotonous and dependable set of procedures until a further challenge and response cycle sets in.

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SEMINAR IN SOCIAL AND PREVENTIVE PSYCHIATRY FOR PSYCHIATRIC RESIDENTS,
UNIVERSITY OF ILLINOIS

Sept. - Dec. 1972

The core plan of the course that follows was a guide but was not followed in this order:

1. Etiology in social and individual organisms: Cause-effect vs means and ends vs statistical view. (Descartes and Newton vs Kant and Hegel vs Heisenberg and Popper)
2. Individuality: the self as an attained character vs self as a Heraclitean flux. Self as bounded (screened off) vs self as swinging from a socially steadied pivot. Relation of self-concept to culture.
3. The psyche of the group.
4. Systems theory--symptom as communication.
5. Technique of consultation: Caplan, military practices, use of transparent self in social and individual management.
6. Rediscovery of social and preventive psychiatry principles in WW I, WW II, Korea, Vietnam. Relevant research.
7. The changing position of organized psychiatry vis-à-vis the public sector.

In the first seminar I attempted to find gaps and needs residents might have in social psychiatry theory and practice--field military psychiatry being but one example of social or community psychiatry. Residents seemed to follow the usual student tendency to wait for "authority" to commit itself and then (hopefully) form their own conclusions by interaction. Accordingly, at the second session I presented as a lecture, a rather strongly polarized social model, as follows:

A social model of Psychiatry:

1. Symptoms are means of communication which include
 - a. Clear expression of emotion,
 - b. Anxiety (the free floating energy of emotion without the emotion's full expression or perception by the individual having it),
 - c. Certain acts which resolve emotions or substitute for fully experiencing the emotions.
2. The symptom is a message--
 - a. From an individual to an individual (patient to doctor), and always also:
 - b. From a group to a group (from English class to school administration or from family to medical profession).

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3. Symptoms are transferable from one individual to another. Many members may chip into the psychic pot of a scapegoat member their own feelings which contribute to the symptomatic communication. This may leave many members comfortably empty of need to express emotions, to have anxiety, or to act upon anything.
4. Symptoms are transformable (one emotion to another or to anxiety or to acts).
5. The symptom with the largest social pay-off for the patient becomes most permanent and prominent.
6. The symptom comes to rest most permanently upon the individual who, with it, can solve the most group needs.
7. The patient, his family, his company, his political structure, all try to maintain the symptoms (or the disease). The patient complains as a member of a "family." The "family" acts as a member of a larger community.
8. Practically all individual or group treatment has a positive or negative effect upon the family and upon the significant community--whether or not the therapist realizes that he is involved in the community process. Thus, there is probably no such thing as treatment which involves only individual therapist and patient.
9. Symptoms are brought under control when most of the members and primary groups of the involved community take responsibility for their own contribution to the symptoms. Thus, one aim of social psychiatry is to help communities to take responsibility for the production and the management of their own delinquency, mental illness, mental retardation, accidents, education, recreation, etc.
10. The individual's symptoms or attitudes can be maintained only in certain social contexts. Hence the effectiveness of milieu therapy or attitude therapy. (Jim Folsom)
11. Games and dramas have much the same effects upon symptoms as "real" events have. In attitude therapy or psychodrama, for instance, the patient knows that his peers are only colluding to get him over his depression, but he gets over it anyway.
12. Treatment consists of the patient's active practice of normal life in social and work situations, in games and in reality. Practice includes physical, emotional, and intellectual changes. Pianists put their skill into their fingers as well as into their intellects. One method of treatment is to make the patient a member of a group which is working on an external task. Cf. the shortness of the average psychoanalysis in the new State of Israel. Cf. the French mental hospital overrun by the German army.
13. Diagnosis is a part of treatment. The necessary treatment determines the diagnosis more realistically than the pre-considered diagnosis determines the treatment.

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- a. Psychiatric diagnosis becomes a lever for the doctor to manipulate the society and the patient.
 - b. The psychiatric diagnosis becomes a lever for the society and patient to manipulate the doctor.
14. The most effective medical treatment is done in the context of a medical community—the doctor's work is surveyed by other members, medical and lay.
15. Emergencies and crises often produce a temporary pejoration of total treatment into purely individual treatment of the patient in alienation from his natural groups.
16. The effective community psychiatrist is competent in social models of management and also in individual psychodynamic models. Only thus can he best improve and strengthen even a single patient.

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The seminar discussed how a veteran or POW may have a good excuse for certain behavior or certain symptoms if society will accept that excuse.

Residents said they did not so much mind that the military literature maintained that the psychiatrist should look first at the welfare of the unit. They complained, rather, that certain military papers maintained this in a cold, impersonal way. For instance, they did not like an assertion such as "Extended care facilities should not be developed far from the front lines because they decreased the efficiency of returning patients to combat." They did not mind advice that such distant facilities should be decreased in favor of better local management because the local management strengthened the patients, decreased their anxiety more permanently, and maintained them as respected members of their peer group—while distant facilities increased symptoms and prolonged illness. This kind of management was compared with distant but beautiful private and public hospitals as against immediate local containment of symptoms and problems. The residents saw potential harm in maintaining that it was best for the patient if the doctor dedicated himself exclusively to the patient's personal needs. They also saw potential harm in saying it was best for the group to manage patient flow in a manner exclusively oriented toward the good of the group as a whole. We discussed the tendency of wars and medical services to become more mechanical, so that people were detached from other people and used machines to care for or to destroy each other. The Vietnam war was at once more mechanical than other modern wars and also more personal and individualized since it was fought largely with guerrilla tactics and with small units or infiltrated individuals.

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The residents complained that they had either wanted to participate in the planning and programming of each seminar or else they wanted the seminar to be elective. They felt that this seminar was neither elective nor did they participate in its planning. They seemed to feel that since an uninformed student might

not realize what he needed to know, faculty might insist upon training in certain areas residents would not have chosen. Nevertheless, they felt residents should participate in the decision.

The seminar discussed black, non-establishment groups and agencies—the "harassment" of such groups by governmental bureaucracy and by the established medical and community services. There was an incomplete discussion, also, of jails and probation work.

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The seminar, at the insistence of two residents, went into a discussion of how much adults are now affected by the nuclear age and by future-shock as compared with how they are affected by the first three years of life.

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Seminar discussed Veterans Administration medicine as not utilizing a community type of treatment. Such medicine tended to treat veterans as an elite group, just as certain private clinics necessarily treated only people who were interesting and therefore more curable. Furthermore, the Veterans Administration essentially rewarded patients for remaining sick (disability pay). Some felt that therapeutic communities themselves became self-perpetuating and emotionally self-sufficient. One had to be sick to get into such a community, even as staff. These communities usually remained non-productive in the economics of the outside society.

* * * * *

Seminar discussed the origin and the (mostly beneficial) effects of therapeutic communities and milieu treatment programs.

I talked on my personal experiences in the therapeutic communities of Tom Main and Maxwell Jones--the relation of these facilities to their neighborhoods, to the courts, and to the profession as a whole.

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Seminar discussed the problems of Oak Forest Hospital with regard especially to the elderly, and the general question of what to do with society's unwanted members. The discussion involved especially the use of volunteers and the use of re-training methods of a behaviorist sort. Without assuming there is such a thing as individual cognition, some of these methods appeared to generate a cognitive ability where none existed before. There was detailed discussion of Dr. Dick Foxx's experience in developing the 3-day method for controlling life-long incontinence in mental retardates. The residents brought in their own experiences with retarded members of their family or their experiences in travel to other cultures. They had sometimes found an array of services which helped the family to contain the patient—babysitters, short hospitalization which allowed a vacation for the family. They discussed the usefulness of times and places set aside for "going crazy"—fiestas, carnivals, amusement parks, bars, parties, lodges, communes. There was incomplete discussion of R. D. Laing and his Kingsley Hall as a place where disturbed or alienated people could go through their "trip" with concerned others who were not intruders.

The following experiences were explored with the residents as a sort of examination. Most of them had participated at least once in some aspect of each item.

1. Riding in a police car; working in a police station, or sheriff's office.
2. Registering as a lobbyist under a mental health association and following through on a piece of mental health legislation in planning committees and legislative hearings.
3. Sitting in schoolrooms and teachers' meetings.
4. Attending an evangelical revival or a healing meeting.
5. Visiting a spiritual advisor.
6. Attending a neighborhood civic association meeting.
7. Sitting through a court commitment hearing or juvenile or domestic relations problem or criminal proceedings. Discussion in the judge's chambers of social aspects of justice, effects of volunteer "court watchers." Visiting a judges' association or bar association or police or probation officers meeting.
8. Shadowing a volunteer coordinator in her work at the hospital. Comparing this with volunteer coordinators' work in community mental health centers or Public Aid.
9. Shadowing a visiting teacher and a homebound teacher and comparing these educational workers with those who have "more goodies to give out," such as vocational rehabilitation counselors.
10. Attending a psychoanalytic association conference or an institute meeting; comparing the commitment and the certainty of belief with that of other meetings above.
11. Visiting a patient's home for a meal or overnight stay—with appropriate supervision or chaperonage.
12. Following a patient in therapy to death; following his family and peer group beyond his death.
13. Experience at a job site, where people of different cultures interface (one resident told of his experience as a dock worker among several nationalities—how one group secretly lynched a member of another group).
14. Shadowing a prison psychiatrist.
15. Sitting on a hospital tumor board and acting socially oriented instead of individual pathology oriented.

It became evident that the residents had no experience with legislation or with the coordination of volunteers and the usefulness of volunteers in involving the community as well as in improving the patients by methods that were impossible to regular staff. Though residence had visited patients' homes it was rare that they became much involved in the real home life. Their hospital tumor boards and some other crucial treatment decision groups did not have social workers as members. Any psychiatrists sitting on such boards did not concern themselves with the idea that the tumor (or other pathology) was growing in a family or that it may be excised out of a family or other community, and not merely out of an individual. They said they simply could not conceive of the mental patients in Elgin State Hospital rising to the occasion of a major disaster and helping to manage the crowds of severely injured. It would appear that they had been thoroughly drilled in the idea that pathology is an individual matter and had little to do with the social situation in which it occurred. Yet on the other hand, they were able to talk about milieu therapy as if it could be effective. Residents had a strong tendency of their own to learn from other cultures and to alter their own behavior accordingly. I think that this was not really what was expected of them. Doctors were expected to keep aloof from any such influence. The doctors supposedly were to help the "foreigners" to learn enough to adjust to the great American culture. The doctors and service organizations were coerced by a cosmopolitan professionalism and were not to alter themselves in accord with the local culture of those they served.

Some of the residents seemed to feel that the seminar's main value was in providing a relaxed atmosphere in which to discuss feelings and ideas developed from their experience and reading. Some felt that the seminar should have discussed with them certain specific cases of a social, a family, or a political nature which arose on other services--much as consultants traditionally discussed the case problems of individual patients. Apparently they are heavily overloaded with psychiatric consultants who are devoted to individualistic treatment consultation. Social work consultants discussed other than individual problems, but such consultants had less prestige. Somehow the social work consultants were considered sort of students like themselves who have not yet reached the less complex but more "accountable" work of intensive individual therapy--except a few who had become "Junior Psychiatrists." But no psychiatrist was considered a "Junior Social Worker."

Several residents felt that in their residency they should be developing skill in some one technique such as psychoanalysis, group therapy, medical administration, or the teaching of psychodynamics, so that they would fit easily into the market.

I maintained that this sort of attitude had led many psychiatrists merely to compete with other professions which produced, as far as anyone could tell, equivalent results in various forms of psychotherapy, administration, research, and even evaluation. There remained only drug therapy and differential biological diagnosis as unique to the psychiatrist. He could, however, use all his medical school experience, his understanding of his self, his culture and parallel professions (social work, etc.), plus his experience with political and community forces, to become the person who could most adequately triage problems and advise on systems of mental health delivery. This could not be accomplished by assuming psychiatrists were an insulated elite who did not need to respect as equals the "ancillary" professions, politicians, or the 4th Estate, nor be directed by community boards consisting largely of lay consumers. The road to

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wide influence, it seemed, was through wide and variegated personal competence-- not the practice of a specific technique. This is what community or social psychiatry is all about. This is why it even includes practices developed first in the Armed Forces. The modern psychiatrist participates in bringing communities, and not merely individuals, to a state of self-reliance. For it seems that "a strong individual in a weak community" is a contradiction within the figure-upon-social-ground complex which is the individual. Such a "strong" individual becomes a hollow political image from which the dependent consumers expect great accomplishments, but since the community is weak, nothing comes of it except disappointment with the ballooned-up leader.

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THE CASE OF THE ROCKFORD CONSULTANTS

Non-Conventional Professionals As Consultants

In September, 1973, the administrators of the Adolf Meyer Regional Center in Decatur, Illinois, asked two young women from the Singer Zone Center in Rockford, Illinois, to come down to Decatur as consultants, in order to help set up a program of psychiatric management. About two years previously, these young women had participated in the initiation of a psychiatric center called "The Rose Garden." This center was set up in a separate building apart from any medical facilities. It allowed a group of rather severely ill psychiatric patients to participate in each other's treatment and to work together in preparing meals and other housekeeping and work activities. The Rose Garden was highly successful in getting these clients back to a normal social life in the Rockford community. Nevertheless, it was very hard to describe in writing, or even to demonstrate by moving pictures, how this improvement took place.

Certain non-conventional approaches made it particularly difficult for traditional mental health workers to grasp what made the Rose Garden effective. For example, the mental health workers who had the direct contact with the patients and who did the actual management were not trained in any traditional mental health disciplines, such as psychology, social work, psychiatry, or nursing. On the contrary, they had Bachelor's degrees in such disciplines as Theater Arts, Philosophy, Political Science, and Sociology. They had no experience in mental hospitals or clinics. The staff eventually felt this was a great advantage. Furthermore, the staff did not try to manage the life of the clients. The clients managed their own lives with each other, while the staff observed and sometimes brought clients into contact with community citizens when this seemed appropriate. Community workers also provided something of an example in their way of living.

Client-Professional Symbiosis

The two young women had visited somewhat similar centers and lodges in other parts of the country, in the process of setting up the Rose Garden. Nevertheless, they had never traveled away from Rockford as consultants to help another town set up a "Rose Garden" of its own. When the workers at Decatur tried to induce them to remain at Decatur for more than twenty-four hours, the young ladies became anxious and at first said their supervisors would not allow them to stay away longer. After some interviewing, however, they revealed that the real reason they didn't want to stay away from Rockford was that they had a commitment to their clients. The clients at the Rose Garden depended on them to interact with them, to be an understanding mind which gave meaning to the development the clients underwent. They admitted that they were very much attached to the process of developing personally along with the clients. When one or two clients got well and moved out of the Rose Garden these young ladies and the clients had to grieve together as if they had both lost something. This was relieved somewhat by other clients who came to take the place of the old ones. The old ones actually helped bring about this replacement. The relationship between these young workers and their clients was somewhat similar to relationships that might be found in a family.

Peer Symbiosis

The mental health workers in Decatur, however, expected these young ladies to act as professional consultants to them. At first the young ladies tried to say that they really didn't have any great professional expertise but were just human beings who had concern for others and some practice at being patient with them. The Decatur workers felt that the same was true of themselves but they expected the young ladies to act as professionals since they had had an experience which was professionally important to Decatur. As the Decatur workers began to interview the young ladies and to extract from them the feelings and thoughts derived from the Rose Garden's experience, the young ladies began to develop a liking for the Decatur workers and an excitement in delving into the experiences revealed in the conversing group. It was clear that the Decatur workers needed them, and they began, to some extent, to need the Decatur workers. The young ladies were somewhat charmed by the great respect and attention paid them by these needful Decatur workers.

In the interview with the training coordinator after the conversations among workers, the young ladies revealed that in Rockford there existed a symbiosis between them and their clients, which was in itself a sort of living organism. Certain opinions, jealousies, and needs appertained to that organism in Rockford. That organism did not want the young ladies to participate in the development of another, and possibly competitive organism in Decatur. The Decatur symbiosis, however, was on quite a different level. It was a professional symbiosis, in which ideas grew and developed for the planning and organization of a long-lived program of mental health management. By participating in this professional organism which was developing in Decatur, the young ladies made possible their eventual travel to other towns where they could participate in other professional consultations, and in those consultations they could draw upon a larger experience and intuitive understandings which appertained to both the familial type of symbiosis in Rockford and the professional type of symbiosis in Decatur.

Nevertheless, when they had considered the Decatur professional organism as a project in the future, they had felt that the organism in Rockford was not being true to itself but part of it was running away to abandon its own legacy and its way of life. After their day of consultation at Decatur, however, they felt that a new organism had been born in Decatur, that this new organism was thrilling with the excitement of fresh life. Furthermore, the Decatur organism might, in reverse, be of some use through the young ladies themselves to the Rockford organism.

While it was possible to consider the young ladies as separate and distinct individuals and to consider that they had simply had an experience in Rockford and another in Decatur, this consideration would limit the scope of understanding of the two processes as they were played out in Decatur and Rockford. In Decatur there was an expectant atmosphere that new professional skills would develop. This development would be a part of the world's history of the profession. Professional people would talk about it, criticize it, learn from it. But the familial Rose Garden experience was felt in its full depth only by those

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members personally committed to the Rose Garden itself. Feeling this commitment, no Rose Garden staff member could feel the Rose Garden project was only objective data for professional research or consultation. Yet that very commitment made the Rose Garden a more useful experience for a researcher or consultant.

NOTES ON CONSULTATION--HARVARD, 1973

General Principles (Gerald Caplan)

The high values in the consultation approach which have stood the test of ten years' investigation include:

1. Training in consultation does not come from lectures or books. It comes from:
 - a. Practice in consulting with a real consultee about a real client of his (or a real organizational problem).
 - b. Reflecting upon the case with a supervisor.
 - c. Reflecting in an orderly peer group.
 - d. When a supervisor is not available, one should listen to a tape of the consultation interviews he has made. He will hear things he didn't know he said and can evaluate himself better.
 - e. The best review is accompanied by a film or videotape of the consultation. On one occasion a tape recording revealed that the student consultant had delivered all the proper words in a little speech, but films showed that while he made his speech he kept his eyes on the table and didn't notice his consultee's consternation.
2. A coordinate relationship between consultant and consultee gives the quickest and most lasting results--not the doctor-patient relationship and not the relationship of the expert to the unlearned. If status difference is very large the coordinate relationship is hard to obtain, but the nearer one approaches it the better the consultation.
3. Consultation is best when it involves only the professional aspect of the consultee—not his private life nor his private feelings and philosophy.
4. When the consultee displaces his personal feelings and problems onto his client it is best to leave them there. The consultant merely welcomes the displacement-client as an object for consultation. Social example: Consultee says, "I have a friend with such and such a problem." The consultant talks about the problem in terms of that third person. He does not try to correct the consultee's private feelings. Nevertheless, in such cases the consultant knows that he is really dealing with the problem of the consultee and not especially of his client.

When the consultee's subjective feelings distort the case the consultant must be aware that distortion is occurring, but he does not ask why the consultee perceives things as he does. He only asks what is perceived (cf. existentialism). Consultant keeps the relationship warm and human. He feels out the consultee to find which professional areas are too painful to consider at present. He is like a surgeon

feeling the outlines of a tender abscess without hurting the patient. He does not punch the center. Thus he preserves the peer consultation relationship and does not get into a therapeutic situation. It is important to avoid a breakthrough of insight in the consultee ("Oh, I see I'm having trouble with this case because she reminds me of my wayward daughter").

When the consultee makes some distorted emotionally-laden expression the consultant does not repeat it back to him, as he might in therapy in order to make him aware of his own distortion. Rather the consultant may repeat the utterance in a correct form as a colleague who might mis-hear the words more correctly than they were spoken.

5. Consultation is greatly helped by orderly and unhurried reflections, which counteract premature closure of thought upon the case. The consultee's tendency is often to come to a quick conclusion and be rid of this horrible problem. The consultant, however, is tranquil about the problem and encourages the consultee to dwell upon it leisurely. The consultee absorbs a bit of the consultant's calm aloofness. In the consultee's crisis situation his own self-concept is disorganized. He forgets who he is and presents an image to himself and to the consultant of an ineffective and disorganized person (--Norris Honsell). Consequently, if the consultant accepts this disorganized image he reinforces this temporary ineffectiveness. The consultant should sit at the side of the consultee (at least metaphorically) and face the object of consultation together with him. The consultant should never fix his gaze on the consultee in such a way as to seem to perceive his disorganized state. He should seem to perceive him as a peer who is capable of thinking rationally. However, the consultant does not avert his gaze and thereby reject him. Raquel Cohen, in April, 1973, went to Managua four months after the great earthquake and found the city in chaos. Almost no homes were habitable. In the midst of the city she founded a small island of structure, warmly logical amid the chaos. Soon this structure and warmth extended outward. (This is elitism but in this case it spreads eventually to the total system, and the elitism ends by the will of the original elitists.)
6. Consultation is only one of the possible interventions. It should not be used if some simpler method is effective--even though the worker may have been hired to do "consultation."

The Group Method of Consultation Training (Caplan)

When the consultees meet weekly in a group of their peers and discuss their clients formally, the training in consultation is greater than that which occurs with the individual supervision. Usually one member of the group will present the problem he is having with a client and the group will comment, under the chairmanship of an outside consultant. For example, the group may consist of school teachers, and the consultant may be a psychologist. The peer group has the following advantages:

2. Even when group members perceive that the case presenter is distorting the case by his own subjective involvement, they still concentrate upon the task of improving their colleague's skill with the case. However, in the first meeting of the group the chairman must emphasize the ground rules that there will be no private disclosures and no discussion of private life or feelings. The group will then protect the individual (unless new members enter the group without being told of the group compact).

This is not a T-group where the group's private dynamics are discussed. This is not a therapy group where the individual's private dynamics are discussed. It is rarely necessary to refer to the contract of no private exploration. If a member makes a personal interpretation or reference to the presenter, the group automatically veers away from the subject.

2. If the group belongs to a different profession from the chairman, it can help the chairman with his own assessment of the consultee--with his ability to find out what the consultee was up to rather than why he did it.
3. There is no waste of time for group members who listen to a colleague make a presentation. The members who are not presenting will at one time identify themselves with the presenter and will at another time see themselves as consultants who help the presenter work his way out of a problem where his own subjective feelings have interfered with his effectiveness. It is actually a group of consultants working with a temporary consultee. Next week another member becomes the consultee.

Jerusalem Project

Project financed by American foundation to improve, by means of consultation, the human services such as schools, clinics, and welfare for 700,000 Arabs. Gerald works at this four to five months each year. He is not there to make peace, or any other political move. He just accepts whatever is the political status quo and tries to get the schools, etc. to improve. His main problem was with the Israeli government. Its bureaucrats were too busy, they felt they knew it all anyway and that a professor or researcher was useless. They were concerned with getting on with their tasks in organized time and space. But Arabs had no thought of time. They liked to talk and they liked to interact personally with another person--professor or no professor. At first Gerald used an Arabic interpreter but this was a great disadvantage because the Arab to whom he wanted to talk then had the problem of distrusting the interpreter as well as Gerald. Gerald alone was merely the enemy. One knows where one stands with an enemy, one is not so sure about a countryman. The stages of consultation were:

1. Building relationships with both Israeli and Arabs.
2. Identification of the short- and long-term needs and desires.
3. Development of mutually acceptable plans (Gerald, Israeli, Arabs).

4. Communication of the final plans to both sides, with the expectation that the plans would be accepted. Everyone agreed. But when Gerald left the country, enthusiasm evaporated. Other things got more important, and people got busy upon them. The reason for this was multi-jurisdictional separation of the Israeli departments of vocational rehabilitation, medicine, education, etc. The Arabs were great on plans, talk and human relations in the here-and-now but they were very poor on tenacious maintenance of work upon the task. Arabs distrusted all governments--Turkish, British, Israeli, Arab, and American. Arabs do not readily form relationships with clerks or with distant organizations. They form relationships with their families and with people who are immediately present to them and who keep needling them or otherwise interacting with them. Real life to them is human interaction, not the accomplishment of some paper work.
5. Gerald went back to Jerusalem several months later and suddenly everyone scurried to call a meeting. Gerald then lobbied, importuned, and needled the important Arabs and Jews. He stimulated the convening of meetings among significant people, he acted as a go-between. That is to say, he gave up the role of objective outsider who was merely studying the situation. He became a protagonist of East Jerusalem's program. Consequently he was the antagonist of all other programs competing for resources. Some day the planners of various departments will pool their dedications in such a way that, for instance, the Department of Education will see the danger to its own system if the Department of Sewers is not properly budgeted--and vice versa. But that day has not yet arrived. Present planning is done by the adversary system. The schools fight the sewers, the sewers fight the hospitals, etc.
6. Gerald became a catalyst of action. He diagnosed trouble and became a trouble-shooter. It was no one's specific job to look into the difficulties between institutions, so Gerald took the job.
7. Gerald set up other people to move in and take his role. He simply became a model for them to follow, in part. Then he only backstopped these facilitators. When enough things began to work, more people got enamored of the problem-solving mode of action.

Some Observations on Consultation, Action, and Persistence

1. In truth, all human beings are mixtures of good and bad, loveliness and hatefulness, skill and stupidity. A person who keeps such a real and true, but mixed, picture in his mind is not led to action. Stereotypes produce action. If you want people to unite against a man as an enemy, then stereotype that man for the group. Saul Alinsky knew that Mayor Daley was a kindly family man as well as something of a calculating authoritative boss, but to get action Alinsky insisted on defining Daley as a total S.O.B.
2. A consultant as an outside person can succeed in the short run. He can get some decisions made or some short project accomplished, but any large community will revert back to its original habits (as they

usually did after Aliusky's interventions) unless different rituals and customs are slowly built into the organization.

3. People who are trained as psychotherapists try to fit social consultation into the model of therapy. Their world continues to be simple because they don't have to learn any other model. They simply add another epicycle onto the system of therapy. As they work into the consultative problems they have to keep adding more and more epicycles until their theory no longer looks simple.

People who are trained as business managers try to understand social consultation as just another form of management. They also have a problem, but their problem comes at the situation from a different angle. They see things differently from the therapist. Both men need to see these things from each other's point of view. We need to approach consultation as a field of forceful folkways and temporary dedications, interlocking from all directions. The answer is not simply therapy nor simply management nor simply education. It is needling authorities, linking roles, pacing roles with each other, treating the children of authorities, praying with them or for them, listening to their poetry, setting up schools which will employ certain stereotypes, continue certain attitudes, and maintain certain truths.

4. Remember that medically oriented workers and clergy, and to some extent teachers, can talk personally and intimately to people of all levels in society.
5. Remember that complete perception or complete knowledge leads to inaction and non-thinking. Orderly systems close some channels of communication and open others. If one has total access to all inputs he is immobilized and in chaos.
6. Remember that many problems cannot be dealt with rationally. One cannot rationally cure carcinomatosis nor a small budget. It may be better to deal irrationally with the problem or to avoid it or to coordinate it with a group so that the problem is a group problem and may therefore become solvable.
7. A persistent unconscious theme may keep interfering with a consultee's work. For example, a teacher as a consultee may have constant problems with a particular type of child. Possible solutions are:
 - a. The school principal keeps moving these children out of the teacher's classroom. Thus he gives administrative approval for the problem.
 - b. The teacher submits the problem into a group of her peers and is coerced by her role in that group to change her behavior.
 - c. The teacher may receive psychotherapy, change her attitudes, and become better able to handle these problem children.

- d. The case may be professionalized. That is, the teacher may by supervision of her work on these problems become able to handle them. This is a rescue of the professional function of the teacher. In this case, too, the teacher keeps the problem-child but she obtains the professional skill to work with that child. She does not merely overcome her personal conflicts. The ultimate in social consultation is to energize a support system, not to increase the skill of individuals, and certainly not to treat them.

From Ralph G. Hirschowitz: Program-Centered Administrative Consultation to Changing Mental Hospitals.

(The real need for the future is not to train groups of consultants to work with total systems such as entire hospitals, states, industries, etc., but rather, a school is needed to teach consultees in such systems how to get the most benefit out of a consultant from A. D. Little, NIM, Tavistock, etc. Each type of consultant requires a different skill on the part of the consultee. The really important skill lies in knowing how to use a consultant, not how to be one.)

Management consultants are usually one of two types: (1) Soft-thinking T-group organizational-development types, who assume that all problems result from non-confrontation in subsystems. They instigate negotiations. (2) Data management experts who believe that all important problems can be solved by a law and order process--a modified information system which sets personal accountabilities and measures specific efforts and results. They study and alter the information scanning processors and close gaps in the rules and the work discipline.

Organization development studies are too analytic, without being gestalt-intuitive or personal-intimate enough to bring about human change. They can only rearrange the mechanics of work or the role system. For these reasons, it seems useful to set up a consultation series for groups of management consultants themselves who have been long in practice. (Actually, this is of doubtful value because most consultants are competitive with each other and would not pool their skills and knowledge with each other in a creative fashion. Such pooling can happen when members see themselves as participating in the World Game, Spaceship Earth, or Global Village. But most management consultants are still locked in the dialectic among insulated individuals in an adversary procedure for arriving at solutions.)

New progressive superintendents who deal with management information systems, etc. mangle the identities of the old authority-oriented workers. Management cannot readily bring about the bad fit of traditional procedure-oriented, stabilized individuals to the new rules of loose readiness for negotiation with the clientele, the unions, the professional associations, and the communities.

Before the superintendent can institute any change (1) he must build his relationships with his own staff and clientele (internal constituency), (2) he must develop a concern among the community agencies, the governmental bureaucracy, the neighborhoods, churches, clubs, women's organizations, the law and

the legislators (external constituency), (3) he must know where his workers want to go, (4) he must know what his patients really need, (5) he must learn what the families and neighborhoods and workshops of these patients can tolerate and help with, (6) he must know what his mandate is and how much change his superiors and their staffs can tolerate outside of that mandate. He must reevaluate these items every few months.

Buildings should be flexible--they should be modules, tents, prefabs, etc., easily disassembled and rearranged for other purposes than hospitalization. That is, the architecture should be as flexible and as "generalist" as the staff.

Management should realize that one of its primary functions is to rehabilitate its own employees. The state should reward by money or other means the community's taking responsibility for its own delinquency, mental illness, etc. Thus the family of a retarded child might be given welfare money in order to keep the child at home, or community agencies might be given grants to contain patients but lose the grant if they send the patients to a state hospital.

Superintendents must know the law or they can't say "no" to judges and sheriffs.

Unitization is one way to change hospital procedures. Each hospital unit has responsibility for its own geographical segment of population. Each case gets its own generalist advocate at intake. This advocate is responsible for the case, even though he may be a paraprofessional. He gets consultation or specialist interventions any time along the way from other members of his team or sometimes outside his team. Most of the people on the team work both in primary and secondary prevention. They visit homes, courts, schools, playgrounds, workshops, industries, street gangs, militant meetings, opium dens, bishops' conferences, brothels, bars, hospitals, as well as their own outpatient and inpatient services.

Unitization produces crisis in the personnel, as does any change. This crisis leaves the personnel more open to outside influences. They are open to learning, which is the most dangerous influence of all. They are open to the community and able to enjoy going out into it. Usually this change is supported by consultation and training.

The superintendent who unitizes his hospital must get precise agreements from the community mental health services, the police, and other agencies about how they expect to use the inpatient facility.

Humanization of the wards will not get patients out of the hospital. Certain active programs will get patients out--rehabilitation programs, which connect families and jobs to patients. Families will bury their hospitalized members in six to twelve months, and the rehabilitation worker will have to resurrect the patient in the family's eyes, by having him visit home or work in the community with the family's knowledge, etc. All this requires wheels. If the unit workers do not have transportation the patients will not be moved out of the hospital any faster than they ever were, nor will any hospitalization be prevented.

Teachers or doctors who are authorities are now out of style, but teachers or doctors who are friends are worse because their own dependency keeps patients and students dependent upon them.

The problem is primarily institutionalization of staff, and only secondarily of patients or students.

A treatment program begins at the patient-community interface: "Where are we now? Where do we want to go in the long run? What's the next step?"

Most patients actually have a social crisis when they get into the hospital—not a disease of the mind. They need temporary sanctuary or social intervention, not prolonged drugging.

Fairweather's excellent program of roving coherent patient groups into working lodges, and other excellent programs, can't really change anything because the established professional system has more power than the programs have. The systems don't want to change unless they are rewarded for it. If they change even for rewards they must go through a grieving process. To get them to allow change, help them with their grief.

First make use of all present resources in patients, in aides, in families, and in community agencies.

The ideal community residence is a small one and run by a mixture of patients with various problems, and supervised by a warm authoritarian person or couple.

Social systems must be end-oriented, not method-oriented, to help patients and communities. But communities must be method-oriented to maintain stability among workers.

Proportion of psychiatric beds in population: 2.2/1,000 beds for territory near a mental hospital, 0.9/1,000 for territory distant from the hospital. Twenty years ago the proportion was about 4/1,000.

If the patient is to get the best care there must be checks and balances among the desires of the staff, the desires of the family, and the desires of the community. Elitist professionals prevent development of community responsibility when they feel it's their job to make all the decisions for people.

In setting up a useful mental hygiene system—as for a region—the planners go through an intelligence-design-action cycle: Look (prospect), write (program), act (pro-act). For intelligence, you must know the boundaries of your population and responsibilities. What are your resource agencies? What do they do? What are the significant power people in those agencies and what do they want? (Massachusetts mental health center served 200,000 people who were also being served by over 300 related agencies.) Develop a constituency—internal (staff) and external (community and agencies). Every time you take a change you lose part of your constituency. Therefore you must repair and reform ranks of constituencies. Do a force field analysis of constituencies every time you recycle.

Hospital Consultation

The consultant needs sanction to go everywhere—everywhere in the hospital, everywhere in the community—staff, patients, constituencies. The consultant should get a written agreement that he will continue to hang in with the

hospital until everything is implemented. The consultant must know the value and identity bases of the top man in the organization. What is his production emphasis (by names, by nagging, etc.)? What is his thrust (how does he implement things—how does he actually perform)? What is his availability to his staff (is he obsessive-schizoid and therefore a good organizer with clear boundaries, or is he an on-again-off-again manic...)? What is the degree of detachment in the staff? What is their esprit de corps and their degree of intimacy?

If a system is only in temporary crisis and will soon seal up and exclude you anyway, then don't consult with them.

Usually your cool presence and shoulder to cry on is enough to set in motion the crisis cure.

Carry several different cards of identification, one for a product-oriented organization, one for a human relations oriented one, etc.

Informal and Formal Support Systems (Caplan)

Every community contains naturally occurring support systems:

1. Kin and kith--relatives, close friends, and neighbors.
2. Informal caregivers to whom people go for help—including "generalists" (village wiseman, hairdressers, bartenders, storekeepers, and others who come in contact regularly with lots of people).
3. Mutual aid specialists. These people have usually gone through a certain traumatic experience themselves (an operation, death of wife, loss of fortune, etc. Anxious people pay attention to them because they have survived the problems.).

But these informal advice-givers and listeners stand between the mentally disturbed people and the formal community agencies. These informal advisors often determine whether a patient is sent toward the police or toward the hospital or back toward containment in his home (Lieberman's research at Johns Hopkins).

The informal network is naturally-occurring, unplanned, unlicensed, not institutionalized, and not paid for doing this work. In the realm of the particular problem, the people in this network maintain authentic person-to-person reciprocity, based completely upon the personal needs of the helper and the helped. This reverberative relationship is based upon mutual identification. The "newcomer" identifies with this old timer as a role model. The very existence of the experienced other person is reassuring. At the same time, the old timer identifies himself with the newcomer in trouble and can therefore play an active masterful role in a situation in which he was once the victim. In an army hospital, a man who has lost his leg and is beginning to learn to get along without it re-lives the situation authentically by identifying with a new amputee, but this identification brings social and psychological mastery of the situation. The counseling widow who

weeps with the new widow is weeping authentically for her own lost husband and not in sympathy. The new widow feels this and accepts it. She does not readily accept sympathy or empathetic professional understanding unless she goes into a regressed state. Before it can be effective, professional help sometimes requires regression on the part of the client.

The professional tends to control emotional expression, however. The psychiatrist usually stops his patient from crying after five minutes...probably because the professional doesn't want to cry himself. Widows, however, may weep together for an hour.

Actually, some professionals do weep with their patients and may allow a mutual comfort process to occur, but this sort of behavior is considered non-professional and only rises to the surface in later years as the style of professionalism changes. Such undercurrents are a very real part of professionalism and they feel forward into the future to understand what professionalism may eventually be able to do. In other respects these undercurrents represent the professional's acting like an informal advisor.

Religious organizations are informal as far as psychiatrists are concerned. Numbers of these organizations help each other throughout life. There are meetings for the faithful at least once a week. They support each other by programs and rituals centered around the deep crises of life: both death, marriage, puberty. They also support some of the rhythms of daily and weekly stresses which may be different for different members, but recuperation is aided by the religious ritual.

There is probably some psychological strain added to religion when intellectuality becomes more important than emotional support. Thus the re-translation of the Bible provides a better intellectual understanding at the sacrifice of the rhythm and clang of ritualistic language. Religion was never established primarily for understanding. St. Augustine: "Credo ut intellegam."

In crisis, the religious individual relies on the wisdom of the ages, not on his lonely wisdom. This is comparable to combat and emergency procedures in military aircraft. Given these procedures to handle the major emotional problems, then the intellect is free to judge the uniqueness of each situation and react more cleverly and usefully.

Large religious denominations protect the member from stress even when he moves to a new city. The newcomer is confident he can find familiar rituals and attentive people in the strange city.

Ethnic groups (Landsmanschaften) also protect the individual. Malcolm X talks of the kinship he felt in New York for persons from his own home city, even though it was a big city and he had never met those persons before. People from a certain Ukrainian town who move to Chicago may remain in close communication with each other throughout their lives, even though they were not in communication back in Russia.

The two networks--the natural support system and the professional care-giving system--develop in counterpoint with each other. They are separate though overlapping, and they are best kept separate lest one immobilize the other. The medical network, for instance, tends to employ indigenous workers and make them a part of the medical system, but at the same time these workers are kept at a low status. On the other hand, the indigenous workers, realizing their great value in the community, may try to take over the entire network as they did in the South Bronx some years ago. The trouble is that the community does not really sanction them as formal professional caregivers who are scientific, aloof, intellectual, and expert. Consequently, they cannot long maintain such a network by themselves. It is just as much a mistake, however, for the experts to try to take over the closely personal authentic support systems which have developed naturally in the community. Professionals should recognize the informal net and use it without being an adversary to it. The two systems are no more adversary than a man's kidney is an adversary to his liver. If the kidney and liver become adversaries the body suffers.

Remember that the American soldiers' support in Vietnam did not come from an internationally expert U.S. group which was moved intact into Vietnam, but eventually that support was developed out of a locally wise group of Americans already in place in Vietnam in contractual relation with indigenous friends, enemies, landscapes, and viruses. Such groups protected the new member until he was acclimated. Intact teams fared poorly when thrown quickly into the duty of combat or of trauma surgery.

A professional usually approaches a church or other support network with a fixed model and idea about how he should interact with that group. For instance, he may have ideas of making the ministers more sophisticated in counseling techniques or in techniques of consulting with each other as peers. But as the medical professional negotiates with the professional clergyman or the professional amateur (e.g., hairdresser) the goals of their work together become changed into something that neither could predict but which is beyond both of them. A minister or a hairdresser discovers that he can do some things he didn't realize he could do--nor did the medic realize anyone could do them.

Advances in care and support practices don't develop just from haphazard interactions in nature. Neither do they develop out of the calculations of one man. Rather they come to the surface (perhaps first in the mind of one man) after many people have brought many old ideas to a sort of negotiation pool. Out of this ferment arises the new ideas which are appropriate for the future.

How to improve an informal support system:

1. Improve the mental health knowledge and skills of the members.
2. Help them to help each other by consultation and counseling.
3. Organize peer supports so that comrades can help each other in doing their work and in reviewing it afterwards.
4. Organize reference group supports so that the members identify with their own "profession" and become better at that instead of becoming poor mental health professionals. Psychiatrists, for instance,

should not teach student clergymen directly. They should come in as adjuncts to senior clerical teachers who remain the role models for the students.

5. Move into the background as a backup resource, always making sure that the members model after their own kind and not after the consultant or the other outside professional.

For instance, Betty Hamburg arranged for students with a term or two of experience in high school to counsel with junior high school students at the beginning of the last year of junior high school. They remained upper class contacts to the lower classmen after they were in high school.

6. Encourage the formal professional support systems to use the informal intermediary system as a buffer between the professionals and the clients.

Examples of influential informal counselors, some not always well used: the funeral director's wife, the bank officer, the pharmacist, the lawyer, the general's wife, the fortune teller. Insurance agents are notoriously useless in a crisis. They should be trained to take more responsibility.

For preventive psychiatry, link a category of high-risk persons to an informal support system. For instance, insure that old people living alone with physical problems limiting their mobility are linked to other old people who call them up every day, as well as to business people such as hairdressers in the neighborhood, and other informal helpers.

Thus a clinic becomes most importantly a communications station or a radar antenna in the community which picks up where the trouble spots are and alerts the support systems to them. A church, of course, is also such a detector station.

Some ex-psychiatric patients are able to utilize one support system and some another. Most of them need help to get tied into the proper system. Remember that a schizophrenic patient may be frightened back into the hospital if he moves into a family where there is too much warmth, attention, and "love." The close interactions may be too much for his delicate emotional structure. He may benefit from moving into a looser and cooler living situation. Such people may learn better from learning machines than from personally-involving teachers.

Remember that mutual support systems also develop in institutions--for the teachers and doctors as well as for the students and patients. Unions originally had informal peer support systems within their factories, etc. They have now become mostly political fighters against the external world and are not good mutual support systems for the workers day by day, nor do they help much with workers who are in such crises as retirement or sickness. The unions tend to get a commendable amount of money for these people but many of them avoid giving the support that only they really could give.

The Visiting Widows Program

The average widow grieves for about two years in America. It takes that long for her to become really competent emotionally in the new life. Yet in

the first weeks after the husband's funeral the widow usually does not look upon herself as being unmarried. She doesn't really understand that her husband is never coming back. She is still somewhat numb.

Usually after about three weeks the widow's family and friends have begun to feel that she is settled down. Accordingly, they withdraw their attentions. At the same time, the widow is usually flooded with mail, telephone calls, and visits from con artists and commercial people who try to get her to spend money on gravestones, charities in her husband's name, projects she supposedly wanted to have done, etc.

The visiting widows program consisted of several mothers widowed for more than two years who volunteered to visit new widows in their own local community. From the funeral directors the program manager found the race and religion of the new widows in the community. Three weeks after the funeral a handwritten letter was sent to the widow giving the time and date when she would be visited by another widow. She was told to phone this visiting widow if she did not want to be visited on that day.

Approximately one-third refused to be visited, or else were not at home. The others usually talked from five minutes to two hours with the visiting widow, after which the visiting widow left her phone number and said that she would be available if needed. Most of the widows called at least once again. They usually discussed practical problems about children in school, the mourning of children, the problems of money and social life. There was also a lot of unburdening of emotion. Some 400 widows were visited in a six-year period in Dorchester, Mass.

Parents Without Partners is useful to widows but that organization wants the widows to remain active members forever. The members really need to go on to other things.

The widows program also developed a 24-hour hot line for widows and widowers. They used 20 volunteers for an "understanding ear."

No true outreach program can be citywide. It can only be done effectively in small localities where the outreach people can talk with each other and support each other concerning the local problems. A citywide program is too big and too impersonal.

Group Methods for Leaders (Hirschowitz)

Group Axioms:

1. Group processes are molecular--not atomic. The processes cannot be completely inferred from the dynamics of each individual member. They cannot be inferred from individual personality theory nor from interpersonal processes. These theories are necessary to an understanding of group processes but they are insufficient.
2. There are no leaderless groups. England, during World War I, lost many of its elite leaders. Looking for new leaders, the army set up "leaderless groups" and observed what happened. They picked the leaders which arose. Of course, leadership can be shared or alternated among two or more persons.

3. There is no one right way to lead a group. The only orthodoxy is heterodoxy or else paradox. Effective leaders have a repertoire of available styles of leadership. How the leader operates, then, depends upon what's going on outside the group, whether an emergency exists, etc.
4. Groups always do better if they are instructed in some way of managing themselves or of getting a task done. Established stable groups usually perform better than ad hoc groups because they tolerate internal conflict better but they may have permanent blind spots.
5. Every time there is a change of orientation the group passes through a cycle of forming, storming, norming, performing. Norming means setting up the adaptive norms for this group to do this work.
6. A goal for group work is always group synergy. The group works together so well that it produces results of a higher order than any individual member could by his own thinking.

High intimacy within a group produces low task productivity. Such groups have a benign matriarch at the helm, with a tribal pattern of survival. Cf. Stanton and Schwartz's Consensus or Pseudo-Consensus. Pseudo-consensus is a seeming agreement among all members because of power pressures upon the group. Our culture generally demands pseudo-consensus.

But some staff and lower line members maintain an underground pulse of deviant ideas often expressed in little projects which continue in spite of the pseudo-consensus and rise to the surface when external needs change. (Such underground work fares best if a high-placed leader knows of it but does not choose to react against it.)

Leader Roles

1. The pro-active leader looks at the distant environment. He is prospective.
2. The homeostatic leader is the nest-making mother who keeps everything stable and cuts down conflict while increasing intimacy.
3. The mediative leader oils the interfaces between people and sub-groups. Usually types 2 and 3 are combined in one "sweetheart" leader. No. 1 is the S.O.B. Occasionally 1 and 3 are combined.

Management teachers may tell students to be assertive, cold, and rough on their employees. Such an input often produces the output they desire but sometimes, unknown to the teachers, this output occurs because the group of employees develops mediators and counter-forces which give the manager at least the appearance of what he wants. Without these mediators the manager is dead. Nevertheless, it would not be necessary for the manager to understand what happens between his input and the output except that certain forces store up within the organization and come to surface unexpectedly when the manager is in trouble.

Normative Rules for Ad Hoc Groups

1. Avoid arguing for your own view.
2. Present your opinions lucidly and as briefly as possible.
3. Don't press toward a quick solution--especially not for your own solution. If your solution is good enough, the group will take it up.
4. Go for the best solution to the problem, not the solution of the best person.
5. No person loses or wins in the group.
6. A good group moves from compromise to unique deliberative solutions.
7. If there is no group consensus it means (a) we're coming at the problem wrong, or (b) we don't have enough information. A frequent cause for (a) or (b) is that the members want to show off or to argue.
8. The first solution to work on is, "What is the problem?"
9. "Let's take a vote" is a copout--an attempt to get out of the furnace of real group action that reaches a consensus.
10. View group disagreement as food for the problem-solving process.

The Orthopsychiatric Team

The team, consisting of psychiatrist, psychologist, social worker, and perhaps nurse, which works very often upon "child guidance" problems is a highly cohesive and homogeneous group. It is therefore ritualistic (case conferencing) and stable. The members are all very intimate and loving of each other. If they can control their type of patient input and their necessary resources they can recruit many professionals who will fit in with them. These professionals look for a stable work day with a narrow band of allowable surprises and with the patients conforming more to their needs than they conform to the patients. Usually they are not concerned with transporting the patients nor with visiting their homes more than perhaps once, nor with working on Sunday or other hours convenient to the patient. This is a role-clinging team. The members often interpret their mandates but don't respond to them. Public pressure and funding has led the clinics employing these teams to become accepters on the Statue of Liberty model--accepting all the community's rejects and never rejecting a client themselves. The result is that the clinics have become heterogeneous in staff and patients. A lack of cohesion has developed both in the staff group and in the heads of individual members of the staff. Good leadership of such organizations will produce a sort of "Mavericks, Inc." The classical orthopsychiatric team has all but disappeared.

The rules, the philosophy, the manner of working, and the concept of identity and self in such a modern clinic or in its individual workers is better conceived as a centrality or kernel of dedication, with rules and philosophy becoming somewhat more vague and flexible as one moves from the work of that clinic over toward where it overlaps with the work of other organizations or families. The clinic does not try to maintain a tight boundary, saying "Once a patient or staff member is inside this boundary he belongs to us. Everything outside is somebody else's problem." Within individual members their concept of ego seems to be more centralized and less boundaried. This central kernel of commitment itself can be moved along and changed with time.

Seven C's for Change:

Challenge, Conflict, Crisis, Confrontation (stylized and intragroup with high media visibility engineered by the leader), Communication, Compromise, Change.

Stages of Group Process

1. Opening: Intellectual orientation and information plus an emotional "we" feeling.
2. Problemizing: Scan the data, define the problem. Regulate the cohesion and collaboration.
3. Solutioning: Brainstorming, idea investigation, analysis of cost consequences, plus regulation as above.
4. Closing: Summary, consensus, packaging, plus group affirmation and cool-off.

All groups go through Bion phases. When a group gets tired of working or moves toward fight or flight it's usually best for the leader to push the group toward a dependency attitude for a little while. --Or else have the group adjourn for ten minutes. Most groups only move on to the task work in an oscillatory fashion.

Administration, or in other words, Leadership (Marie Killilea)

Richard Beckhive (MIT) is an organizational specialist who writes in a very straightforward, lucid manner.

Consider where a clinic's money comes from, who is managing it, and who decides how it is spent. For example, if 50% of the clinic's money is Medicaid, and if Medicaid is administered by the Public Aid Department, then the ethos of the clinic will be welfare-oriented.

Each individual leader has his own personal style and that style must fit with the environment's current orientation. As the environment changes, the leader's style must change. Otherwise he ceases to be a leader. If he can't change in a new world he will never have another leadership job. Best is a leader with many styles in his repertoire, but this is rare.

As the ethos of the long extended European Renaissance changes now to a neo-medieval Renaissance, there comes again the need for the generalist "Renaissance man" who stands between two completely different ways of thinking. He stands between (1) the Renaissance's point-of-view art, its aloof, objective, scientific approach, its problem-orientation and its well-bounded nations, and (2) the neo-medieval orthographic art (every point seems directly in front of the viewer), its concern for occult power, its infecting or infiltrating way of getting things done, probing at difficulties from inside them, and its imploded, tactile involvement in the Global Village of centralized tribes, races, and peoples rather than bounded nations.

Modern top managers are either (a) computer-oriented so that they set up a matrix for handling information and consider information their most important concern—not energy nor materials, or else they are (b) smooth intergroup negotiators, such as labor-management specialists. The State Secretary of Human Services in Massachusetts was a negotiator who was not trained in any of the human services and was 31 years old at his appointment to handle 70% of the State's budget. The Assistant Secretary is an economist. Under these two men, young "Pabloc kids" run around changing things by their direct action upon the workers and administrators.

It is best that the administrator has had experience with delivery of direct human services. If not, then he should coordinate in a mutual education with someone who has.

An administratively oriented system makes mental health professionals deal with products rather than processes—with real facts rather than with latent possibilities.

A process orientation is concerned with a dialectic between existing philosophies or people which eventuates in a synthesis no one could have accurately predicted. A process oriented person sets the dialectic going or sets the pregnancy going and the great result comes about naturally. Thus a patient may be set up to interact with a therapist and between them develop a better life for the patient. Process orientation is for lovers.

Product orientation aims at getting a definite, describable and measurable goal accomplished. It assumes that the manager already knows what is possible in the future. In therapy, the aim may be to get the patient a particular job, on a particular diet, etc. All processes are future-oriented toward that particular goal. If one way doesn't work another is tried. Product orientation is for bank robbers.

Peter Drucker's Principles for Administration

—Objectives, assumptions, expectations, alternatives, decisions.

1. There is no such thing as a riskless decision. You always lose something and gain something. One form of decision is the avoidance of decision. There are always many objectives (stated or unstated) in every decision. An objective is never to implement a philosophy. It must be measurable and time-limited (similar to a negotiable instrument).

2. Examine the assumption underlying the objective. Do you assume that some people in the hospital will help you move old folks into the care homes? Do you assume that transport is available? Do you assume that hospital aides are skillful in consultation with the homes? You must specify your expectations. Do you expect the old people to get good nutrition in the home? Do you expect them to be mobile or confined to the home? When you state your expectations you have defined your position whether you know it or not.
3. Prepare alternative methods to the goals in case the first methods are inadequate. Prepare alternative goals in case the resources turn out different from the evaluated resources or in case future support changes. Decide which alternative you will go for.
4. There are no isolated decisions. All decisions affect other systems.
5. The action impact decides who is going to do what to whom, where, when, and how. The question "Who will do the work?" makes ideas shrivel up if they are not fully worked out.
6. Immediately start looking at the results of this task work. Institute a control process to keep the task on a good track, maintaining good information flow between the ultimate authority and the person to whom you delegated responsibility, with freedom of negotiation between them.

Accountability is the measurement of the responsible person's work upon the mission. (?)

General Notes

1. If the organization is not really ready for consultation the consultant can come in as a lecturer or workshop manager in order to build up a relationship and to get a view of the organization.
2. By manipulating the citizens board you can build a hospital as you want it, but you can't build a community service that way because you can't know the needs of the community. The board is a major source of guidance for community needs. Supplement the citizens board where it is lacking in community representation by using telephone calls, hiring people from the neighborhood population, making door to door surveys, reading the minority newspapers, fostering people who are pains in the neck for yourself, spending time calling up clients who dropped out of your system (don't dismiss them as non-cooperative). No one answer about the community is enough. Listen especially to the irrational and dissatisfied people.
3. Some professionals are more stimulated by work in public psychiatry than by private psychotherapy. Such people usually perceive stage fright not as anxiety but as the excitement of anticipation.
4. If one works in many different positions within a system, both before and after being a top manager, then he gains maximum understanding and competence in that system.

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5. Group counseling workshop for probation officers and senior probationers: The object is to get the senior probationers to become probation officers to the junior probationers. After each group session is over, let the group meet to de-brief itself in the presence (at least once) of the mental health leader. This is not actually a supervisory meeting where technique is described or role played. This meeting winds down the group but it allows individuals to discuss their problems with their own back-home groups.
6. Don't back-date your own mastery of groups and disparage the "incompetent" students who are now studying it. Rather, tell them they are breaking new ground and you are learning with them. Then you will learn with them.

MODERN EDUCATION--AIMS AND EFFECTS

By M. D. Parrish

The Actual Goals of Schools

If I don't pay any special attention to the avowed aims of education, but only consider what education seems to be trying to do, then I conclude that the major functional aim of education is to help our present way of living to continue just as it is. Education attempts this in the following ways:

First of all, education tries to promote the welfare and happiness of the adult non-student population. After all, to please children can be of only secondary importance because children cannot put any money where their desires are. Only adults have money and political power. Consequently, elementary education has the primary job of keeping small children out of their mother's hair. The mothers can then go on and develop their own lives freely. Years ago, children started to school at about age six. Then kindergarten and nursery schools were invented. It has even become common to send children under the age of two to a "nursery school." Since everyone knows that the primary aim of the early school grades is to keep children out of their parents' hair they have no compunction about calling these child-containment institutions "schools."

Second, when the child is eight or ten years old, education adopts the function of "keeping the child off the street." Now that there is no real work for children to do, most neighborhoods would be a shambles if all the energy of childhood were turned loose seven days a week.

Thirdly, in the last years of high school and on through college, education assumes the function of "keeping students off the job market." If any student is bright enough to go to school to age 25 or 30 he is duty-bound to do so. Otherwise he may displace some less intellectual person in a menial job. Students in school are something like soldiers in peacetime. There really is no useful work for them to do but they must be busied in order to keep them out of mischief and out of other people's jobs. Some educators have thought that perhaps schools should do some sort of productive work and that students could earn while they learn. But adult citizens fear such work would disturb their own businesses.

Fourthly, of course, education must prepare students to be more susceptible to the control of higher education. In other words, they must be able to follow academic instructions, however meager and unclear they may be. This allows for the production of more and more students. Furthermore, giving the student the tools for a higher education--tools such as reading, writing mathematics, and an understanding of American styles of thinking and living--prepares the student for the other functions of education:

Fifthly, in accord with the needs of politicians and government agencies, education makes the student more susceptible to control by propaganda. The student learns how to be influenced by newspapers, television, radio, etc. and to go along with the main political issues of his day--voting, lobbying, and agitating properly.

Sixthly, in accord with the needs of business and industry, education makes the student more susceptible to advertising. He then becomes a good consumer of manufactured goods. He is able to respond to the coercion of TV, radio, billboards, newspapers, etc. when it comes to supporting his native economy.

Seventhly, adults in general like education to promote good work habits in students so that they can become good producers in the business and political economy when they leave school.

Now, I call these the seven functional aims of education. They are what the school does for the world. The school's own primary aim, of course, is equivalent to the aim of any institution. This primary aim is the advancement of the school's staff. The school's faculty members progress up their own social hierarchy by using students as subjects to talk to each other about, sometimes as tools to do research on, to learn with, or to inculcate with good ideas about how teachers need higher salaries, and the school needs a better building, etc. Physicians, lawyers, government bureaucrats, politicians, etc. all behave in an analogous fashion. Their primary function is to keep their own institution alive and well—sometimes by getting clients to help the cause. Secondarily, they serve their clients, just as schools do.

Propaganda, Advertising, and Education

Education methods at first were assiduously copied by propaganda and advertising experts. These experts produce now so much more exciting texts and illustrations than educators do that education pales into insignificance as a learning method. If you look at a newspaper you will find any literary essay or story in very fine print, arranged only in a linear sequence so that you have to begin at the beginning and read straight on through it to understand it. Advertising and propaganda, on the other hand, use a lot of big pictures, artistically composed layout on the page, big print, and bright colors. These not only attract the eye but they organize thought in a total gestalt, so that it is much easier to grasp and to remember. Teachers are now beginning to copy after the propagandists and advertisers in that they also utilize more audio-visual equipment, bigger print, and more rewards for learning.

Schools have begun to tap another form of education outside of academic, propaganda, or advertising fields. This is the lore of oral culture, and usually includes the transmission of such knowledge as sex, crime, sharp business practices, family life, how to break away from teacher or mother. Schools have been too conservative heretofore to transmit this information. The student had to get it by himself. Nowadays some schools encourage the transmission of this lore right in the classroom, from student to student and often including the teacher.

In general, then, teaching has progressed to an ad hoc application of total gestalt impressions. These blocks of information are not necessarily planned and presented in linear sequence. The student is considered a target of opportunity and the classroom teacher adjusts her interests of the moment to the interests of the group of students. After all, there is nothing very creative about teaching from a syllabus; for all the creativity was accomplished when the syllabus was planned. In a classroom which must face the here-and-now needs of the group of students, however, there is ample opportunity for professional creativity in the teacher. The teacher merely keeps the general drift of her class's educational aims in her mind, while she moves along emotionally with the students. In former years there was a tendency for schools to make specialists out of the students. Nowadays every student is exposed to every kind of knowledge in the world. Usually he gets more of it on TV than he gets in the classroom. In any case, he lives, at least vicariously, in every part of the world and in every era of history.

Schools can give practice in role development. No longer can schools merely impart a certain content of knowledge nor is it enough for them to give the student the skill to learn on his own.

In the past, a community looked on its school system about the same as it looked on its auto repair services. It expected the school to get certain work done upon the child so that he would be able to live a practical and useful life after graduation. It did not send the child to school in order that the school could be for a while the very life of the child. Yet school is the very life of the child--the practical and useful living at that age--as John Dewey demonstrated long ago. Families and neighborhood didn't adequately teach the child how to use and control the individual roles he must face in the world outside the neighborhood. The child obtained no cognitive nor analytic understanding of role management. He usually found himself crammed into a role without the ability to question it.

Except in some special education schools, students did not get practice in role reversal or role mirroring other role exchanges. They did not get significant practice in leadership, mothering, advising, or being a lieutenant to a leader. They did not learn by controlled practice the obnoxious roles of the community so that they could really understand how to deal with them.

Today's teachers who are trained in group work or sociodrama can help students to get a feel for all social roles, and to get control of the roles instead of being drowned in them. They can help students to act out crimes--from local petty thefts, cheating, and drug abuse, to international crime syndicate operations. Children can set up mock courts and judicial punishment--comparing capital punishment, for instance, with other punishments or with no punishment. Children can understand how they induce other persons to act in condemnable ways in which they themselves do not wish to act.

Students Get Control of their Media

When the older generation went to school it learned to write because this was important in helping the student get a critical grasp of reading. When he learned to write he was no longer a mere passive taker-in of literature. He could now write literature himself to some degree. Consequently he could evaluate the literature of Shakespeare or some modern writer, and not be simply overwhelmed by it. However, the older generation did remain a passive recipient of such media as movies, radio, and TV. Schools nowadays are beginning to teach children how to produce movie programs, take still pictures, record TV tapes, and put on radio shows. Some schools even have their own radio station. The student thus develops an ability to evaluate critically any propaganda and advertising and to control his own intake of it.

The student also gets to feel that the TV camera, the tape recorder, etc. are as much an extension of his own muscles and nervous system as the pen or typewriter was of his father and mother. The student's concept of mathematics is much changed by the use of the calculator. When every student is equipped with a portable (or desk-bolted) calculator he does not hesitate to calculate accurately the odds in a poker game, an election or a sequence of weather. He also calculates the rate of growth of his fortune or his knowledge in terms of a compound interest rate, he understands the value of various school courses and family recreation in terms of accurate statistics, he figures which consumer

goods are the best bargains, and predicts his fuel bill or the life of his teeth. All these things were boring to the earlier generation because the mathematics was too tedious.

With his generalist education the student readily sees the mores of other eras and other nations or tribes as internally consistent and of equal value with his own. It is no longer necessary for him to believe that there must be a master race or a chosen people, nor must he believe that all men should be integrated and interchangeable. He is much more able to tolerate personal differences and intellectual ambiguities.

Now, this last kind of education may seem very proper and sweet, but actually it is destructive to culture as we know it and does not really fulfill the aim of schools to maintain our culture. We must be prepared, then, for a change in our way of living as we develop this new kind of education. Culture is best maintained by "compulsory non-education"—as it is in some South American countries and as it was in ancient Asia. Under this theory it is considered that a dominant minority carried the culture from century to century. If too many people become highly educated they would become influential in the highest chambers of government. Consequently, education was denied to the masses and was only afforded to the select few. In European countries it was generally afforded to people by reason of their aristocratic blood. In East Asia it was afforded by merit to certain people who could pass the Mandarin examinations. Those who passed then obtained a generalist education rather than a technical one, and they were able to be very influential at court rather than merely promoters of the general economy in the ships, the fields, or the shops.

The Risk of Increasing Individual Power

Nowadays this sort of generalist education is being given openly to the children of America. Each individual is learning enough chemistry and physics to be able, if he wishes, to poison any city's water supply, to destroy any building or transport system he desires, and to assassinate anyone he wishes. Countries who do not have faith in democracy would be afraid to allow this kind of education to proceed. It is already too late in most of the world to try to prevent this anyway, since the Viet Cong and other guerrillas are quite cognizant of these destructive skills. Furthermore, the people who are educated in South America or Europe are generally ahead of Americans in their grasp of philosophy and broad general scholarship. Nevertheless, it is probable that Americans as a people will be the first to resist and to re-evaluate their own propaganda and advertising.

There are already some signs that young Americans will not tolerate industrial pollution which increases jobs and supposedly lowers the price of certain products. The young Americans seem to believe that the pollution destroys the wholesomeness of some food and some ways of living. Furthermore, these Americans are beginning to resist the advertising and propaganda control of markets and of politics. Drugs which depend upon advertising for their effect, or politicians who depend upon distorted public information for their value, are seen as inflationary. They are not worth the human effort of the citizenry to maintain them.

Many of these young people believe that the dollar loses its value when obsolescence is built into necessary machines and when unnecessary goods are promoted for brief marketing periods. An example of this was the development of TV, which presented the public first with 6-inch screens, then 10-inch screens, and so on up to 21-inch black and white TV--reselling the same market with TVs several times before proceeding to resell it at last with color TV. The young people are wondering if they could not have spent part of their money on a single good color TV and invested the rest in a boat or a tennis court.

As more generalized education puts skill and learning into fingers, and not just into intellect, the students become critical of poor craftsmanship in houses, for instance--or in clothes and autos. The students often feel they could do better masonry themselves--or better tailoring and machine work. Their own interest and appreciation in craftsmanship results in more prestige and appreciation for the craftsman himself. More serious workers enter the trades, and production becomes more valuable.

If the increase in individual understanding and in individual demand results in a revision of the present political, business, and craftsmanship practices, then many people will have to change their jobs and perhaps their mores. Much of the cause for this can be laid to the schools. Even while attempting to maintain the established trend toward exploitation of environments, markets, and peoples, education is actually altering our established business and political power bases.

I worry about Marshall McLuhan.

Many people pay a lot of attention to him. Many people believe what he says, and even go on and develop his ideas further for themselves. But nobody really plans in accord with his concepts--at least not in mental health.

Suppose we take the atomic missile as a means of international communication. It's pretty ineffective for winning wars on a large scale because if employed as an all-out holocaust against a country it really doesn't change the thinking of modern people. It simply gives them a problem which prevents them from being modern thinkers at all. It also pollutes and drags down economically all the rest of the world to such an extent that the winner has to change his ways of thinking, too. And the object of modern war is for your country not to change its thinking or its philosophy or its folkways, but rather, to get the enemy to change his, so that you can benefit by going on about your usual business, which may indeed include trade and missionary work with the former enemy--usually with a pretty condescending attitude on the part of the winner.

Just because atom missiles on a large scale are useless as war machines doesn't mean they will never be used. So you might think that we should do something to prevent them from being used even accidentally. So what do we do? We make treaties and we build defenses against the missiles. This just enters into the lists of the war games with the other countries. It does not really prevent atom missiles from being used. Nobody seems to be interested in doing any research on how to prevent missiles from ever being used at all, perhaps even being manufactured. Maybe this would take international brainwashing, maybe it would take infiltrative inspections, probably it would take something no one has ever thought of yet. The danger, I suppose, of thinking thus is that the entire industry of developing maritime weapons might go to pot, and some economic theorists think that that would make people lose their jobs and therefore be a drag on other people. I don't think any real economist today thinks that way about jobs, but it is a popular thought and therefore politically important until people become more enlightened.

O.K. But McLuhan says that most of the military and governmental planners are so taken up with a visual way of sensing the world that they line up their problems and go after their solutions in a linear cause-and-effect or command-and-staff manner. McLuhan thinks this is because they are so sold on Gutenberg technology, which lines up interchangeable ideas with interchangeable type, in single file, and considers them eternal truths which file down the unidirectional corridor of time, without end.

We see in only two or three dimensions. An almost musical feel for timing guides your aim in skeet-shooting. You feel where that pigeon is going to be when the buckshot gets there. At least, it seems more of a feel than one would get from looking at a picture. A picture is instantaneous. Everything is presented at once. This is not true of the auditory world. You can't get an instantaneous picture of Beethoven's 9th Symphony. Music gives you a feeling for time but not much feeling for what we call space. We really mean visual space.

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Modern physics is outside the realm of mere visual space. Relativity, the Uncertainty Principle, wave mechanics, the exclusion principle, and all quantum effects require for their comprehension something more than visual space. That is, they require something more than Euclidean geometry or Cartesian geometry, as our schoolboys conceive those geometries. I'm not sure what these geometries are but I kind of think that Euclidean geometry is a later visual world imposed upon an earlier tactile way of perceiving solid things. It always seemed to me that the important thing to the Greeks was the mass, the weight, the solidity, and the boundariness of separate things--separate individuals, separate houses, separate polo. In fact, there were separate and distinct theorems which did not become organized in any linear hierarchy until after the Greeks got to popularizing the alphabet and a bunch of writings. Euclid got his head full of alpha, beta, gamma, and then organized geometry almost like cause-and-effect or command-and-staff corporations. But it still is anchored in the separate solidities of individual forms and it tends to deal with surfaces and lines which really belong upon a solid. We today don't always see it that way because we are all wrapped up in what is really the Cartesian approach to geometry.

Descartes is talking about something different. He is describing the positions of points in an infinite space--primarily seen as two-dimensional; we add another two-dimensional frame in order to get the third dimension. For the Greek, there is no wild and empty space but only solid bodies, on the surface of which we can measure out distances. I think the feeling of Cartesian space, however, is influenced by music. He is trying to use traditional logic and the certainty of linear progression and continuity, and he thinks he is doing it. But his actual form is the entirety of all space and an infinite reach of time. This is the feeling one gets from music. Music always fills all the audible space and it necessarily progresses forward in time. Descartes' lines are measured out on an existing real space--almost sensed. When Galileo and he considered motion they departed even more from pure visual space and, I think, into auditory space; as well, perhaps, as into a kinesthetic space--the muscle-sense which tells us where a part of our body is even if we can't feel it. Kinesthesia also tells us the weight of parts of the body or of other objects and the motion of those parts. In my own thinking I tend to get this kinesthetic space mixed up with tactile space. Nevertheless, I think that both Euclidean and Cartesian geometry are essentially visually oriented. It's just that the one seems to be anchored in a tactile world and the other in an auditory world. In an auditory world, for instance, the nations were not so concerned about being separate and independent entities within themselves. They were interested in the development of relations among nations and among the institutions within a nation. Number itself, for Descartes, is simply relation. His whole arithmetic is a proportionality based on unity. His space extends around the origin and the axes, and every body is related to other bodies and to those markers, as music to its key note. In music the meaning of music depends on the relation of one sound to another. It is seldom in Western music that we try to demonstrate the separate beauty of a single instrumental note.

Let's go to a mental health problem--the hot line. A hot line is a telephone number which a disturbed person can call if he wants to talk to a peer about his drug problem, his feelings of suicide, or murder, or some other troubles. The hot line operators or answerers are usually people from age 18 to 30 who are trained--largely by experience and by example--to handle such

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callers whom they cannot see and probably will never see. The operators do some sympathetic listening, they make suggestions, they may try some persuasions, they sometimes refer the caller to some institution for more definitive--that is, more visual--help.

The hot line, to me, is a modern whisper-in-the-ear and it employs auditory geometry, not visual geometry. It employs this geometry in an insertive-extractive manner between two personalities, but these personalities are less distinct and individualized than they would be with visual encounter. That could be almost anyone on the other end of the line. This allows a lot of projection of one's own thoughts onto the personality of the other person. In the visual world this would be equivalent to looking at an ink blot or a vague and foggy painting. In this sound world, some callers masturbate while talking to female volunteers on the hot line.

It seems to me that the old psychiatric attitude--the visual one--classified people who were "out there away from me; not me but separate from me." Such classification keeps them out of me. For instance, we can give a diagnosis of schizophrenic reaction, paranoid type, or antisocial personality, severe. I don't see myself as containing any such qualities and therefore that guy is "not me." So I can help him or refer him to someone else or otherwise manipulate him.

A later type of psychiatry--visual and auditory--was concerned about interpersonal relations. These psychiatrists classified reactions which people use in a relationship. They find relations among these reactions and ways of aborting or encouraging the reaction rather than person.

A newer psychiatric atmosphere is not at all in any individual's attitude. An emotional and intellectual self is formed on the telephone line as an encounter. The encounter measures itself, it pervades the wire-world. Since the two selves are interpenetrated there are really not two separate selves. All figures in auditory geometry are congruent and coextensive. For example, whatever figure is played by the oboe it fills the entire auditorium. Exactly the same auditorium is just as filled by whatever figure is played by the flute at the same time. Even if played at different times the two figures are congruent spatially. With the telephone wire whispering into your ear, you, and only you, are involved in that telephone world with the person on the other side of the phone. Of course, lately we have conference calls and they interpenetrate several people with each other.

In the old psychiatric language, however, the volunteer reacts as an emotional and intellectual self to the caller into whose ear this self is inserted. This, I think, is inappropriate because the caller has first whispered himself into the volunteer's ear. There are no classifications of people or of reactions. A classification of types of encounter could be made here but it really is not, since such a classification would subdue the encounter and objectify it so that the real and total self could not participate in the encounter--only a role-self with an aloof, intellectual, and cool second self standing apart from the encounter and observing that encounter as an object.

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The various different sensory geometries, it seems to me, can also give insight into the schizophrenic person's feeling of how much he may belong with others or how much he may participate in a group. For instance, some schizoid people travel through life rather detached from any other people. They handle everything pretty objectively and aloofly. Other people are merely objects to them as if they saw them from a distance--even a distance of a few feet. But the schizophrenic person sometimes gets into a crisis. He gets very anxious and he regresses to a seemingly earlier stage of development. He may act like a 2-year-old. At this point he may get in the hospital and for a few days he is ready to join up with other people to receive help from them on the ward, for instance. Now, a 2-year-old child is more concerned with the tactile world than the adult is. The visual world is a little less important, relatively. If we can deal, then, with the tactile world we may be able to get together with this schizophrenic in crisis. I don't know if we necessarily have to touch him. The threat of touch is often pretty big in such a person, but it is important for the doctor to know that he is, in effect, touching the patient from a distance and not merely observing him visually.

So much for mental health.

It seems to me that the concept of geometrical space is only a sensory posture toward the world. Every person has all three geometries--tactile, auditory, and visual, and maybe more. But at least in the West, he practically abandons two postures in favor of the one in style. Anyway, in any book or chart, only the visual geometry is going to be set out. It is very hard to explain in a book even Maxwell's field theory, much less relativity or wave mechanics. A spoken geometry is different from a written or drawn geometry. In spoken geometry, all triangles can be proved isosceles. When you go to draw the figure, however, you have troubles and you easily see it can't be. It's harder to see that when you simply stick with the words. I think this is set forth in a book called Fundamental Principles of Algebra and Geometry, by someone named Young.

Well, I would like to lay out some of the postulates in these three different geometries. The only trouble is, I would be laying them out visually and somewhat auditorily, so there's a prejudice. Anyway, let me give it a try.

Visual

1. Two straight lines intersect at only one point.
2. Space pervades everywhere--inside and outside of all figures.
3. A line can be extended to any length--drawn from any point to any point.
4. Line is length without thickness.

Auditory

1. All lines and figures intersect in their entireties.
2. All figures are congruent.
3. All figures fill all of space.
4. Space pervades everywhere.

5. There are no space boundaries, only time boundaries.
6. Lines and figures may have different intensities of existence with respect to each other.
7. Lines and figures may have different orientations in space with respect to each other but this orientation is only a matter of the direction of the figure's origin--since all figures are shapeless.
8. Lines and figures may or may not be oriented in relation to each other by means of a single figure which sets the key of origin.
9. A line is unidirectional time, without spread or reversal.
10. There are no specific positions.
11. Whatever utters a figure makes the figure no closer to the utterer. (All figures belong to all people.)

Tactile

1. No lines nor figures intersect.
2. No figures are congruent.
3. No figures can be contained within another figure.
4. Figures consist of nothing but boundaries.
5. A figure is either tangent to another figure or it does not exist in the same space system as the other figure. (All space systems are self-contained within each figure.)
6. Position is relative to bodies tangent to each other. Bodies non-tangent have no position and no existence for that original system.
7. There is no empty space--only bodies and their systems of tangency.
8. All tangent bodies endure in the same time--that time is regulated by the changes in tangency. Bodies non-tangent to this system exist in another time world.
9. Whatever utters a figure is tangent to that figure.

Olfactory

1. Intensity of existence in figures changes (same as with auditory), but all figures occupy all space while they exist.
2. All things interpenetrate each other.
3. There are no tangencies and no definite boundaries, and no definite rhythms (different from auditory).

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4. --Postulates for olfactory are the same as for convection of warmth but not for radiation of warmth: radiation has a direction of origin as light has.

* * *

Visual is point-of-view always. It is perspective, it is camera eye. Japanese and medieval non-perspective art is seen in pieces and parts as the viewer confronts a particular image of a (tactile) house or person. No image really disappears. It only dwindles in the distance or is eclipsed by another image. Space is eternal and ubiquitous. Space is real. Light and space are the elements out of which visual images are made. There are no materials, solidities or physical boundaries. There are only light boundaries. Dimness diminishes detail and delineation. Straight lines intersect at one point only.

Touch is hand-contact and proximity of the entire self to the other body, which it contacts in part. A hand moving along a body in massage produces the existence of a body-hand interface but break-off of contact produces non-existence of each body for the other. Nothing intersects. Some things are tangent. Many things are non-tangent. Tangent or non-tangent is all that is important. If an oyster is swallowed it becomes tangent to the esophagus. The esophagus is continuous with the outside skin. There is no inside to anything--only surfaces. To lose contact with the hand in massage produces loneliness, but loss of contact with the body does not imply paranoia. However, it does not imply credit either. Who can trust or suspect a nothing? Loss of hearing contact, however, produces paranoia, for the return of sound is all-pervasive of the hearer's body and world.

M. D. Parrish

FAMILY MANAGEMENT UNIT--ROCKFORD, ILLINOIS

In the 9 northwesternmost counties of Illinois the in-patient support for severely disturbed, mentally ill or developmentally disabled persons is provided by the State's regional mental health center. Part of that center is the Family Management Unit (FMU) which has the following characteristics:

Age of patients: 6 - 18 years

Peds available: 25

Average census: 20

Average residence: 25 Days

Number of children per year remaining over 60 days: 20

Number of children in transitional management: 70

Transitional management cares for the children by means of out-patient treatment, partial hospitalization or continual consultation with families. Usually this transitional management occurs when continued hospitalization is contraindicated but the community clinic says it can't handle the child. The regional center usually hospitalizes the child for one or two days of evaluation and then employs transitional management.

The Unit Milieu

For each set of available parents, family effectiveness classes are held one or two hours a week for six to eight sessions. There are three different classes going on at once; two in the evening and one in the afternoon. These classes use a programmed text: Gerald Patterson, Families: Applications of Social Learning to Family Life, Research Press, 2612 North Mattis Avenue, Champaign, Illinois 61820. Much of the parent' learning occurs when older, learned parents talk with the new parents. This works especially well when the children involved are under 12.

The unit manages children on the residential ward by means of behavior modification programs. Each child's level of achievement is posted on the bulletin board. The unit's full-time school classes manage the children by a related set of behavior modification programs.

The classes are oriented toward successful behavior maintained for 15 minute periods--not toward academic success. Usually when behavior is appropriate, the academic success comes automatically. Proper behavior consists of attention to the lesson, meaningful criticism, raising the hand for recognition, cleaning up after one's self, etc. The teacher usually keeps a big chart on the blackboard where he notes every 15 minutes the successful behavior of each child.

Classes consist of only six to eight children with one or two staff members per room. Any class, the staff feels, can function with 30 children if only one or two of these children are severe problems. The other children have to learn not to use these problem-children as scapegoats. They have to learn how to get them to play appropriate roles in the group--including the work-role of academic progress.

Family Management Unit--Rockford, Illinois

The management of increasing numbers of children has been transferred to the community--to schools and to "homes". Last school year (1972-1973) the county school had one special class which met five days a week. It utilized three and one-half full time center staff members and two county school teachers. This present school year the county school has four full-time classes with only one center staff member and over eight school personnel. The big problem now has become referral within the school itself--getting the needy children into the special program.

Family Development

The most usual family problem is that many of the children don't have a home. They only live in a cluster of people. Perhaps nine children will live with a working mother. This kind of living is not what the middle class calls a nuclear family. Rather, it appears to be an undisciplined group which nevertheless, transmits a certain unstable and somewhat deviant culture.

Placement is a big problem. There is inadequate foster home development in Illinois. Proprietary homes and public homes are usually set up to handle children only during one period of life. For instance, such a home may handle children from age six to 12. Then, just as the child is beginning to have puberty crises, he is transferred away from his friends and his familiar surroundings and asked to readjust to a completely different surrounding.

Collaboration with Clinics

The Rockford Mental Health Clinic, about five miles from FMU, screens the children for treatment and when necessary, sends children to the FMU for in-patient treatment. This clinic is partially supported by State mental health grants and historically some of its key personnel and techniques were developed at the regional center alongside FMU. Now the clinic has become a "grown child" and resists consultation or training from the "mother". Typically, the clinic itself sees a child for a half-hour a week without his family. The clinic has little money or staff to do otherwise.

A system of crisis intervention works for most adults. A system of crisis intervention does not work for children. Almost no clinic or family handles a child's problem as an emergency. Most clinics do all the real therapeutic work with the parents and not with the children. Primarily, this is because most clinic personnel are trained for one-to-one or group, adult therapy. Secondly, the community acts as if only adults can make decisions about behavior change within a family and thus therapy with the parents pays off more than therapy of the child alone. Even child psychiatrists find themselves dealing mostly with parents if they are going to be really effective. Most child therapy consists of giving the child a new symbiosis to replace his current group or family which is giving him symbiotic troubles. The child often behaves better in the new symbiosis and everyone hopes that the child will eventually "grow up" and in some unknown way develop the interest and the ability to live as a separate adult outside the symbiosis. Mostly this separation is effected by some kind of rebellion in the child. If the child does not develop this separation then he has "institutionitis" forever.

The FMU tries to hold each family where it is in its own relationship among members and then to go forward and establish new patterns of interaction effective for the future. It does not try to get the family to go back to an earlier and prettier time of life.

Family Management Unit--Rockford, Illinois

If parents will come in for "treatment" along with the child, it is relatively easy to help the child. If parents will not come in for "treatment" then the unit has to find alternative managements within the community. These become very difficult, especially when the parents will not take the child back home themselves but nevertheless refuse to give up guardianship.

FMU staff concludes that its average delinquent child was, in early life, very sensitive interpersonally. This sensitivity made him particularly vulnerable to the double-bind. Because of his sensitivity, the delinquent child, newly admitted to the unit, perceives the culture of that unit and its ambient feeling more readily than does a new staff member. Similarly, a new prisoner may catch on to the "prison code" before new guards can.

Possible Research

An experimental school in the county might contain all its delinquents by offering conditioning or other management without sending them to FMU. A control school in the county might produce its normal rate of delinquencies and let FMU take these problem children off the school's hands. Such a project might show how well schools could function with their own internal containment programs.

As another project, FMU could use good written evidence to show how it keeps children out of courts, jails and vagrant life. It may then amount to malpractice if operation reviews cut staff and money from such a program.

LONG-TERM PATIENTS: LODGE AND PHOENIX PROGRAM AT
SINGER REGIONAL CENTER, ROCKFORD, DECEMBER 11, 1973

With these programs, Singer has become a chronic hospital, but it provides alternate social systems for patients who cannot develop the ability to function well in average society.

Originally the Phoenix program was an inpatient program for chronic patients. Out of it developed also a lodge program which established patients in groups out in the community. In the Phoenix program, half of the patients are treated as inpatients with a behavior modification program and some with supportive treatment. Later the patients move on to (a) a lodge, (b) a shelter care facility, or (c) a family. The other half of the program starts out by "cohorting" the patients into a group which lives in a lodge. This beginning lodge is now housed in a wing of the Singer Center. The staff hopes to move this cohort out into the community as a self-supporting group. First these lodge patients are evaluated as to level of skill and motivation. Then a treatment program is set up to improve these levels. The lodge doesn't improve anything except the basic skill of living in this cohort. The eight patients in the cohort will eventually rent or buy a house and live in it together. A staff member will come in as a counselor and business agent, representing a non-profit corporation. He gets jobs for them and helps manage the money they earn. Prior to the patients' moving into the community as a lodge, the Phoenix program takes responsibility for the patient's life and then later gives it back to him. (It is questionable whether the staff ever really should take this responsibility but it appears presently that these patients are so severely and chronically ill that the staff succumbs to this.) A more traditional staff would assume responsibility to make the patient do something he doesn't want to do. The lodge puts the responsibility for group life style back on the group itself.

A chronic patient has (a) burned out all his local and community social support. Citizens don't want him any more. (b) He cannot or will not live in an apartment or room by himself and do a normal job.

The Phoenix philosophy holds that everyone must contribute to society, though he need not necessarily work. Sometimes the Phoenix program educates the family or the neighborhood that it's O.K. for the patient not to work. Reference: Ludwig: The Code of Chronicity. Weapons of Insanity.

In order to effectively staff a Phoenix or Lodge program the staff needs de-training away from Freud and Rogers and other traditional one-to-one or safe client-centered therapy. Otherwise we cannot move to the effective care of sub-acute and chronic patients. Staff does not particularly want to work with mental health Ph.D.'s. They prefer to break in a person with a B.A. in History or perhaps in Theater, Music, or Athletics. The B.A. is simply three or four years of self-discipline. A M.A. is additional discipline. These graduates do not automatically have competence with clients, although they are competent with some people, such as peers and bosses. They pick up competence on the job. The staff does not feel that academic training in various treatment modalities helps the new worker before he gets on the job.

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The state's management contingencies are set up so as to discourage the development of programs such as Phoenix, which tend to empty out beds. Personnel and budget standards depend upon how many beds are filled. Because Phoenix empties its beds faster it is made now to take on some patients from other units, since their programs are not as effective in emptying their own beds. Thus Phoenix staff cannot pay as much attention to really getting their patients competent in the community.

Rose Garden is a house in Rockford which has been housing a cohort of chronic patients for more than a year. One staff member is present all the time, but it is practically impossible to distinguish staff members from patients. The house's interior is fairly well kept up, though staff members do not urge residents to clean up. If a staff member did such urging the residents would immediately make him the butt of a game aimed at seeing how much they could get away with, and how dependent they could be before the staff member reacted, and a negotiated detente was obtained at a certain level of dependency.

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NOTES ON READING

By Matthew D. Parrish, M.D.

To my way of thinking, Marshall McLuhan has replaced Freud's type of thinking for our times. He shows the same ability to find meanings in old and well known phenomena which other people cannot seem to find, and yet, many other people can immediately agree with him. The two books that have been most influential to me lately are Culture Is Our Business, and From Cliché to Archetype. In the former book, McLuhan applauds Thomas Kuhn for bringing out the reality of what science is all about in his The Structure of Scientific Revolution.

I read Kuhn's paperback book and it very much straightened out my thoughts about science but I really think it is not as up to date and as revealing as some other books which came both before and after it. Kuhn takes some of the major scientific paradigms such as the concept of Ptolemaic astronomy, or the Phlogiston theory, or the Darwinian theory of evolution, and he follows these paradigms as they develop. He shows how they are very rewarding to the world because they allow a faculty of scientists to form itself around them—a faculty which did not even exist before. Thus there was no real chemistry at all until Lavoisier, Dalton, and others of their time got it moving with a new paradigm. Significantly, Dalton was a preacher, not a chemist. When a new paradigm developed, the preachers and the doctors or lawyers may have just as much advantage as the astronomers. With the old paradigm no one has a chance unless he has really learned the language of the paradigm and is able to follow its tradition of further articulating its part, or pushing forward some little pseudo part of knowledge within it. This academic process is really a pretty good one because it inevitably leads to the destruction of the paradigm itself. The more the scientists explore and devote themselves to the paradigm, the more problems arise which cannot be explained by that old paradigm. Eventually many people simultaneously get the idea of a new paradigm, so we move, for instance, from Newtonian and Galilean physics to the physics of Einstein, Planck, and Heisenberg. Anyway, it's very helpful to my own thought to see the overall picture of what goes on in science. It is very easy to relate Kuhn's message to the problems we face in science and education today.

One of the earlier books, which really superseded Kuhn before he even wrote, I think, was R. G. Collingwood's The Idea of History. Kuhn's book was published about ten years ago, and Collingwood's about twenty-five years ago. Collingwood is a fine scholar and he is a very clear philosophical thinker, but in addition, he looked at history (and therefore at scientific progress, etc.) in a new way. It was a sort of psychiatric way. He put himself in the place of the characters of history. For him, history is something that exists only in our own imagination and for our own times. It is, of course, stimulated by events and thoughts of long ago, but the history as we see it is not the history that our grandchildren will see. Furthermore, for our own purposes we know a lot more about the Greeks than the Greeks themselves could have told us. Apparently the stuff we don't know, and which they could have told us, we are not interested in anyway. Furthermore, Collingwood, more than almost any modern writer, pulls together the things one would learn in Reed College or St. John's, Carleton, Antioch, or some of the other liberal humanities colleges.

Another such scholar—perhaps harder to understand—is Oswald Spengler. His books are still timely and still fit in an almost Sibylline fashion many of the problems of our times. They still remain intensely unpopular.

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Dave Marlowe introduced me to Bury's Idea of Progress, which is a precursor to some of these more modern books. Bury must have written about 1920.

Karl Popper's The Open Society and Its Enemies is also very enlightening and influential upon me at present. However, it is focused more on politics than it is on science, though science is included.

A contemporary Viennese of Popper's is Ludwig Bertalanffy and his book, General System Theory.

Another Viennese is Wittgenstein, with his books and essays on the new logic.

Coincidentally, another Viennese contemporary was Kurt Goedel, who proved the theorem that every system had to be a part of some other system; none could stand alone.

It is strange that this group of men developed in the same city at the same time, and yet the city itself paid little attention to them. There is a new book out called Wittgenstein's Vienna. Stephen Toulmin is one of the authors, and he is also a good modern thinker. The book talks also about Schoenberg and other artists who were associated with these same men in the Vienna of those days. I didn't read the book but am tempted to sacrifice the time to do it. This is a Vienna which brought us into extremely modern thinking but it was quite different from the thinking of Freud, Jung, Adler, etc. It was a different channel from them, and I think, too, that in many respects it went far beyond them.

Another old book which is influential upon me is The Diary of Anais Nin. She is very much a person in those books, and while perhaps she is not so up to date as the other people I have been thinking about, she is revealing of some aspects of the romantic psychoanalytic age which other artists don't really come to.

Another book which I have only barely skirmished is Hannah Tillich's book called From Time to Time. I think that's the title. Everybody around here just calls it "The Paulus Book." It's about the domestic life of Paul Tillich, who was a leading theological existentialist in both Germany and this country. Most especially it is a revelation of Hannah Tillich, but in any case, it is surprisingly literarily written, and it fits many of the family conflicts and family paradigms that we like to face today in our thinking. It also fits the sort of Far Eastern, or at least non-European idea that everybody contains within him all the goodness, badness, brightness, and stupidity of his member culture--and he contains it in a useful way.

Another old book which is also influenced by Vienna, but more on the psychoanalytic side, is Psychodrama, Vol. I, by Moreno. Parts of Moreno's writings and thoughts become significant in one decade, and other parts become significant in another. Significant here today is some of his earliest thoughts about community life itself as a sort of drama which is playable in a harmonious or a cacophonic way. Moreno always saw himself as a sort of enemy to everyone else. No one else could touch him, and consequently he seems himself as an enemy of Stanislavsky, but actually I think that Stanislavsky, Moreno, and Collingwood all have something in common. They try to get into the inside of the acts of people and of times.

Another very modern book which stimulates me lately, but which I don't understand well enough yet, is Michel Foucault's The Order of Things. He too is a good philosophical thinker and I think he is here in this book getting beyond structuralism. There is perhaps the strongest current of structuralism underlying the writings of Claude Levi-Strauss, but structuralism runs also in Piaget and certainly in Naom Chomsky--though Chomsky is a quick-change artist who has held many different and seemingly conflicting theories in his life. Structuralism seems to hold that there is an underlying framework of thought influencing the grammar of every language and every thought and every myth and every construction of history, etc. In a way, I consider that Robbe-Grillet, Becket, and Ionesco have some structuralistic underpulse to their thinking, even though they are often considered existentialists, which is sort of the opposite of structuralism. Structuralism developed later, as I see it, and tended to supersede existentialism.

Another very modern book which is extremely helpful in organizing the things that we already know but don't articulate well, and therefore don't really keep usefully as guides to our behavior--is J. K. Galbraith's Economics and the Public Purpose. Here he tells how the mainstream of U. S. economics is no longer guided by the desire for maximum profit. Rather it is guided by the desire for continual growth and for increasing power. The great economic acts of this country are not performed by individuals but by group minds. Economic power is not in the hands of owners but in the hands of technical experts who cohere in a collegial kind of thinking and acting. As we pass from small businesses, small schools, small medical services, etc. to larger ones, there is a point where we find a quantum leap from the power and usefulness of individual will to this corporate reality of life itself. There gets to be a strong drive toward conglomeration and aggrandizement approaching infinity as a limit. I think, however, that there is another point where a quantum leap will be evident, and this is somewhere beyond the supranational level where whole cultures begin to make themselves felt, but Galbraith doesn't talk about this. Tom Turner does, and Tom feels that such corporations as General Motors and I.T.T. are getting into trouble because they do not think that way and do not know how to. The economics of Galbraith today is not any longer Keynesian, as I see it. The last good neo-Keynesian economics explication is Paul Samuelson's 1973 edition of Economics--the big college textbook which 80% of the schools use in their primary course. Samuelson, of course, knows as much as Galbraith but he is writing a textbook. Colleges want a body of knowledge at hand with which they can show students and which will allow a lot of further academic exploration and articulation of the old paradigms. It is for this same reason that we must teach psychoanalysis in the psychiatry residencies. Nothing else stands so ready at hand to explain everything that psychiatry needs, however useless it may be. Nothing else is so excitingly romantic and opens the student up to such a bright future of exploration and interesting practice. What intellectual and imaginative resident wants to spend his life figuring out what pill to give a patient? The so-called community aspects of psychiatry can be exciting--can be even more exciting, but they are very poorly worked out and poorly articulated into any form that can be scrolled out to residents, or even convincingly presented to grant-givers, I guess.

Another book I found surprisingly illuminating was Ruth Caplan's Psychiatry and the Community in 19th Century America. The book shows that many, many things which we think are innovations were really tried out in the last century or two. If we read about them, however, we might not want to do some of them, so let's don't read. Ruth also wrote another book called Helping Helpers to Help, which

is a narrow, specialized bunch of data on how a sort of community consultation helped a whole region of the Episcopal Church to become able to handle its own problems better.

An important development here is the human relations consultation groups which work with management in the middle-sized and big corporations. They are pretty good---NTL is the most important, Caplan, A. B. Little, Tavistock, and many others, of course, fit in also. Galbraith says that what they don't realize is that the technosstructure of corporations utilize them to get things stirred up in their systems which they could not otherwise do. So that the consultants really become little footballs. The owners also use these consultants to get some influence on the projects of the technosstructure.

I felt that Jay Haley's writings were very practically relevant over the years when it came to dealing with families and groups and communities in a mental health professional way. I remember back in the 1950s, when he was talking about an extension of Potter's idea of one-upmanship to psychotherapy. I remember, of course, his more individualistic studies with Don Jackson about the "double-bind" and the possibly family origin of schizophrenia. Also I used to be fascinated by his and Bateson's and Birdwhistell's work with body language and non-verbal communication back in the '50s. But in '71 he came here with his ideas of the impossibility of using "interdisciplinary" or the old fashioned mental hygiene approach to mental illness. In his later writings he doesn't just object to the old, he furnishes a practical group and community way of dealing with these problems but says that the two cannot really exist side by side in the same clinic, that is, the two methods, one being the interdisciplinary case and casework approach, the other being the approach to social forces and the management of total families, classroom, work teams, squads, etc.

Carl Whittaker is perhaps the biggest single family therapy influence. --Although Jane Levenberg has some influence, and into the periphery of that sort of influence comes Bob Shapiro on one side and Fanita English on another. Fanita's influence is now almost entirely in the realm of transactional analysis rather than in the Tavistock area or the classical group therapy area. Her approach to TA is pretty groupy--probably more groupy than the average you hear about. Any-way, none of these people write as extensively as Jay Haley, although all of them write. And so their influence tends to be face to face or consultative over reaches of time and distance. To my way of thinking, they are all pretty much influenced still by the beauty and romance of one-to-one intense relationships. Their own personalities show beautifully through their therapy or into their therapy, I don't know which. In any case, it's not just a question of their getting paid for pleasing individuals. It's a question of a kind of theory which promises all kinds of corners to develop into and to expand the paradigm. This is not especially the paradigm of psychoanalysis. It really is beyond that. I think TA has become a qualitatively different thing from just an extension of psychoanalysis.

Except for Carl, the same people have something of an influence toward gestalt therapy. They all knew Fritz Perls and Dave Kumper--though Dave was sort of an in-betweener with TA, gestalt, and no real rejection of the possibilities of mysticism. Well, everybody seems to have read Fritz's writings on gestalt therapy but nobody discusses them. They just sort of lie in the background. The various diverging corners of gestalt therapy are kind of pulled together in a book by the Polsters called Gestalt Therapy Integrated: Contours of theory and practice. I haven't read it all but it seems to be a sort of conclusive

system and doesn't get beyond what I think is the gestalt Achilles heel--the ability to manipulate only individuals within a group, even though they talk of the group spirit as a whole.

Jonathan Brown here is an ex-army spook, a young thinking man about 30 or so, who really tries anything and everything in a way-out fashion. Last spring he put me onto a book called Encounter Groups--First Facts, by Lieberman, Miles, etc. This is a very influential book here but its influence has sort of leveled out now. It analyzes pretty carefully some ten encounter groups conducted in Stanford by leaders from various schools of thought. --No, I think there were fifteen groups. It reads fairly well, not dry like most research. It's really written for popular consumption. It does consider a couple of cases of actual manipulation of the group itself rather than individuals within the group, but most of what went on was simply one-to-one within a group, or group-to-one.

I have probably neglected Carl Rogers too much, especially his later writings. I got interested in R. D. Laing and Cooper last winter, and in the late winter Norris Hansell led me back again to Scheff, where Arline K. Daniels had sent me about the time I went to Viet Nam. Following on the heels of Scheff, Norris brought us into a conversation with Werner Mandell as a representative of the California HMO approach to mental health. HMO has not been well written up in any books that I know of but it produces a forking of the roads between present kinds of therapy and management, which are mostly aimed at improving the mental health of the mental health workers, and on the other side the road has forked toward whatever is practical in actually maintaining the mental health of the community. It turns out that it has very little to do with traditional management. HMO generally ends up with no waiting list, minimal one-to-one therapy, considerable rehab work, and good cohorting (that is, ex-disturbed people forming self-help groups), and there is also strong solicitation of patients, in spite of the fact that a new patient costs the HMO money.

It seems to me that all this reading leads today to one, perhaps non-permanent concept: that we are not heading toward the maximizing of profits as the laissez faire economy did; we are not heading toward eternal growth like the large corporations of today; but we are heading toward a development of an organization and a service as an organism with a birth, life, and death in a definite time. The new organization may even die a little early--may even die dysthanasically, but at least it dies somewhat predictably and its component workers and clients move on to other things. It doesn't necessarily conglomerate nor does it follow Parkinson's Law.

When this last concept--if it is really what we are doing--gets written up and understood by the professional world, then it is already obsolete and I kind of think that most of the stuff in most of the books above is really not any more the leading edge of developing mental health practices. Leading edge in the variegated concepts is probably being promulgated by word of mouth and perhaps by a few very unpopular writings.

Oh, yes, a useful book is Abstracts of the Standard Edition of the Complete Psychological Works of Sigmund Freud, edited by C. L. Rothgeb, International University Press, 1973, paperback \$4.95. The advantage of this book is that a teacher who has in his past read a good bit of Freud can go through this book and recall everything he has read and see also where it fits into things he hasn't read, get a notion of what those things are, and even without reading them he can think and talk appropriately with this background. Sometimes it

is pretty good to have a grasp of the old paradigm if you really want to move
into a new one which is not gummed up by the old.

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HISTORY, DRAMA, AND LIVING: The Approaches of Collingwood
and Stanislavsky Toward the Cultural Repertoire of Ideal
Behavior and the Human Realities of History

By Matthew D. Parrish

The thoughts in this paper are gathered largely from its bibliography, and while they sometimes paraphrase the great Russian director and the great British historian, the thoughts are also influenced by my own perception of individuals and organizations as clients, and by my general literary explorations.

Stanislavsky's View of Drama

From reading Stanislavsky, I conclude that acting is a sacrament. It is the outward and visible sign of inward and spiritual endowment of character and feeling in the actor himself. The role can only be developed out of the actor's real potential for the relevant acts and behavior of the villain or hero he is portraying. An actor with no potential for jealous murder cannot convincingly play the role of Othello. Similarly, a psychiatrist with no potential for craziness in himself cannot grasp a psychotic patient's inner thoughts and needs.

A corollary: Each member of the audience goes to the theater to see himself—not to see Othello, not to see Barrymore. He goes to exercise his own potential, murderous feelings, ambition, courage, fear, etc. If there are no good murderous or courageous audiences, then no really good actors can develop.

Whenever the actor puts some personal trait of his own into the role, his audience senses the character as if it were especially real. For instance, if an actor portraying Don Quixote is hoarse but goes on and uses that hoarseness as part of the character, then the audience members will feel that they will never see another Don Quixote like him. They sense him as a unique individual, this Don Quixote, and he lives vividly in the present moment with them. This portrayal's very uniqueness makes each individual in the audience feel that he himself is somewhat like that Don Quixote. When the actor concentrates on the entire life range and inner feelings of the character, then the audience will also be able to concentrate on the inner feelings of that character. The events he brings about will then seem quite natural, or even inevitable. The audience will help in the creation of the role. In this sense the audience becomes an artist. If the actor concentrates on trying to please or impress the audience, then the audience will sit back, passively purring with shallow perceptions.

Aristotle, in his Poetics, distinguished between the eternal truths portrayed in a fable or play, and the transient facts or events which occur in a news event or an actual battle. The actor is concerned with portraying truths and not facts.

Truth is consistent and fitting with what seems natural. It follows the physical laws and general principles that we already accept in nature. A scientist who makes many measurements on the rate of fall of a stone deduces a general principle about the motion of bodies. Yet any particular measurement may not precisely fit that general principle. On a stage, stones would fall in accord with the even more general truth that all stones do not fall the same.

A particular stone falling in a particular performance might fall uniquely--being disturbed, perhaps, by a puff of wind--but this unique fact on the stage contributes to the action. It becomes an artistic truth within the drama. Any event on the stage is either changed into an Aristotelian truth or else the drama loses its significance and the stage becomes merely a wooden platform.

An actual fact or event may be less believable than a fiction, because an actual fact is not so near to what we can reasonably accept as truth. In this sense we should say, "Truth is stranger than fiction," but we should also say, "Fact is stranger than any fiction with the appearance of truth." We must remember, though, that the little touch of peculiarity in a person's action or the little deviation in the fall of a stone convinces us of the truth and reality of the event--in spite of the slight deviation from the laws of reasonable truth. Thus, the streak of goodness in Shakespeare's Iago makes him more human than would a strict adherence to pure villainy.

Now, Stanislavsky believed that people became emotional not about the fact that an event was happening. Rather they became emotional about the effect of that event on a person. If the event were only an imaginary one, and the actor behaved as if it were true, then the audience would feel its very real effect upon their own emotions. Thus the human truth is inside the actor and not in the event.

A real king does not go around enthusiastically believing he is king. Kingship is a "matter of fact" for him. The politician, however, has some doubts about whether he will be elected, and thus he believes enthusiastically in himself and in his mission. So does the paranoid, the religious fanatic, and the mother who pretends her slightly retarded child is magnificently bright. The little shadow of doubt whether one's identity is really what it ought to be brings the enthusiasm and the emotional energy to the sure belief that one is in fact a king, or that one has in fact the only true religion or a uniquely bright child.

I have seen patients in mental hospitals who believed that they were some sort of king or god and were accepted as such by the other patients and the staff. These kingly patients maintained a dignity and some mild enthusiasm about their kingliness, but this enthusiasm became much fiercer when they were faced with a "doubting Thomas." Of course, most paranoid people in mental hospitals are surrounded by unbelievers. Consequently they either protest vociferously and long, or else they retreat within themselves with their beliefs and simply do not bother other people with them. Nevertheless, they believe very enthusiastically in their kingship. Sometimes patients under hypnosis show evidence of great emotional strain in trying to maintain a very improbable belief. For instance, when a patient under hypnosis is told that he can perceive no other person except the hypnotist, the patient sweats a great deal and appears tremulous and disturbed. When the other people in the room are noisy and threatening, he still does not give evidence of perceiving the other people; he only gives evidence of great enthusiasm for his singleness of perception towards the operator.

In short, a pretended fact or a hypothesis that ought to be true can be believed with far more enthusiasm than a precisely observed and measured event. The very false and musical death of Maria Callas acting the part of Camille brings more emotion to the audience than does the death of the real Maria Callas.

or the real Camille. Believing in his goods, the salesman can begin to sell. Believing in his role, the actor can begin to create that role in the "on stage truth."

Stanislavsky required his actors to begin their acting of the role a few minutes before they stepped on the stage with it. Then, the stage entrance was merely a smooth continuation of the life of that character. Similarly, he required his actors to consider how many relatives Othello may have had, even though they are not mentioned in the play, and also to consider what events occurred in the character's childhood. Each actor might assume different relatives and different events, but that background of belief and participation in his character's life made his acting much more true to life, much more involving of his audience's heart.

Now, the kind of background the actor imagines as causative of the character depends on what the actor's own times hold as causative of character traits. In one decade an actor may imagine the family breeding that went into Othello. In another decade he may consider the diet Othello was reared on, the love potions he drank, the rewards contingent on his behavior, the wills of his gods, the positions of the planets, or the aleatoric probabilities in his life.

Othello is a character developed in the audience member by Shakespeare-Gutenberg, if the member reads the play. It is developed by Shakespeare-Robeson if he sees Paul Robeson's production on the stage. The Shakespeare-Robeson Othello is created by the audience member in himself as a peculiar version especially fitting to that member, but it is thus created only if Robeson lives out Robeson's own unique version of Othello inside himself.

An actor sees, hears, and behaves on stage differently from the way he would see, hear, and behave the same events in his own home, where he is not on display. On the stage there is more truth; in the home there is more fact. On the stage an eternal and reasonable truth is movingly portrayed in a sort of consistent dream, with painted scenery. That truth is experienced in the life within the heart of each audience member. It is not experienced in the life which goes on between the audience members and their peers.

Plays and role-playing and the reliving which occurs in therapy or in classroom may help us to grasp our own experiences and to feel them more clearly. Children thus learn to read a play by first acting in one. Later they read it, re-act it, and re-read it with a better sense now of what each character feels. Since every feeling a student experiences is a feeling within himself, then he himself must be in some degree a murderer or a hero. In his "true" but non-factual role-playing he gains an ability to feel more of the things which get laid down in his own character as it develops--in his own self as it develops.

You as a self or as character do not exist until you merge with the influences upon your times. You do this with the enthusiasm of the religious fanatic or the salesman. Otherwise you exist only as an observer, not as a self nor as a dramatic character. For the self and the personal character develop only as a member of a family or of a society of some sort. A baby who grew up in a world of plants would hardly be recognizable as human by the time he became an adult.

Stanislavsky also felt that there was a certain tempo and rhythm at which we feel and behave most clearly in a particular situation. If we proceed at an emotional task with a certain speed fitting to the emotional pressure required of that task, and at a certain pulse (or swell and fall of attention and concern) then we are better absorbed into the task. Thus we chop wood at a pace fitting the amount of anger inside our hearts, or fitting the pressure of time to finish before dark, or fitting the need for exercise. Each need leads us to different speeds and pulses (tempos and rhythms). If we behave at the wrong tempo the behavior does not allow the full expression of our own feelings, and it is also unconvincing to those who watch us. This idea seems akin to the James-Lange theory of the emotions, which asserts that an emotion swells up within us after we behave as if we had that emotion. Thus we fear the bull mostly after we begin to run from him.

The Cultural Conserve or the Repertoire of Behavior

Acting is a sacrament in yet a second sense. It is the outward and visible sign of the inward cultural conserve which is stored inside books and folk memories--in the plays, tales, songs of the people who are the potential audience. The roles within the cultural or literary conserve must be expressible in the feelings of each full member of that culture--or else the folk will forget that unexpressible role. Americans by mid-20th Century saw almost no significance in the great concern with religion which prevailed in the Middle Ages. Our modern image of good kings like Henry III of England is momentarily disturbed when we come across a document showing some of the cruel and inconsiderate acts of this man who was so much more gentle than his contemporaries. Apparently we today do not contain within us quite so much violence. Furthermore, for all our lack of religious feeling we cannot understand the religious tolerance and spiritual calm of East Asians.

J. L. Moreno took exception to Stanislavsky's methods because he thought they only reactivated, emotionalized, and illuminated the memories within the cultural conserve. The actor was only polishing up roles which were conserved in books, in folk memory, and in the tradition of the theater itself. He mined intensive experiences out of the past.

Moreno himself would have preferred to activate de novo the emotion--strains and joys between two or three persons who were living out spontaneously their own life with one another. Moreno wanted to de-conserve the actor from the rituals, the clichés, and the fixed assumptions which he had gained in the course of his life.

Moreno and many of his fellow psycho-dramatists saw the conserve as the end product of a creative act, a product reproducible without spontaneity, a product where all the creativity was already accomplished. An example would be a novel. Shakespeare or Beethoven seen in this context were identical with their works. They were not seen as the very human persons in the process of spontaneously generating those works. The opposite pole to this unchanging cultural conserve was the continuously and spontaneously creative Godhead--the Creator-in-action as contrasted with His created works.

Within the conserve, mankind sought for the perfect system which would maintain itself unchanging in spite of the particular individuals playing the roles within the system. Thus they sought for the stable and perfect bureaucracy, army, factory, symphony, psychiatric treatment process, etc. Any needed

parts of such systems could be reproduced without spontaneity. The perfect system of religion, of managerial education, or of how-to-do-it literature should produce the most beautiful personality in the world much as a printing press reproduced a beautiful color print of Mona Lisa. The psycho-dramatists would say that once Leonardo had put down his brush, all the creative action pertaining to Mona Lisa was ended. Since most men could tolerate only a little spontaneity, they lived out most of their life in a series of secure and predictable clichés and rituals.

The psycho-dramatists seem to see Stanislavsky's work as halfway between their idea of the continuously and spontaneously creative Godhead and the fixed and finished certainties of the conserve. According to their patients' needs, the psycho-dramatists try to lead patients sometimes more toward the spontaneity of the Godhead; sometimes toward the security of the traditional conserve. They saw bureaucrats, soldiers, and tradesmen as carefully acting the roles they were trained for, without developing their own creativity nor expressing their own personalities in those roles. The psycho-dramatists wished, ideally, that life itself could be played out as personalities interacted spontaneously with other personalities, without a script. They would produce new emotions, new concepts, and new human relationships as they faced each other in the present. They would not merely intensify emotions and concepts drawn from the past.

Collingwood's View of History

History is not itself a series of events, but rather it is the things about those events which influence our emotions and thus our actions today. If the Peloponnesian War had meant nothing to anyone at its time we probably would not know that it had ever occurred. It would not be part of our history. If archeologists reconstructed the events of that war today and some writers popularized the events among us, the Peloponnesian War might become a part of our current life--a part of our history. For history is the life in those events, a life we feel inside us. Similarly, an event is not news unless it gets into the newspapers or other news media, and therefore into our lives and feelings. As far as its effect upon our national life is concerned, an unreported event may as well not have happened.

Traditional historians, following the methods of natural science, describe the outside of an event. They describe bodies and their observable movements. In this way also a behavioristic psychologist describes the response of a rat to a particular stimulus. He watches the rat leap when an electric current hits him but the psychologist does not assume the rat feels pain. He can only observe a leap, not a pain. In effect, the inside of these psychological events is like a closed "black box" whose interior structure and functions must only be guessed at. Minds to the "behavioristic" historian are like the boxes of electronic equipment in World War II which were set to blow themselves up if an enemy tried to open them. Thus, the enemy investigators could only provide electrical input to the box and measure output in order to guess what kind of mechanisms might be inside the box. Like the behavioral psychologist who does not fool himself that he really knows what's going on in the mind of another person or of a rat. The traditional "behavioristic" historian concentrates his study not upon Caesar's thought but upon the time, place, and method of his crossing the Rubicon. He compares the observed event itself with other events, and may generalize to a

law of historical behavior. Such a law supervenes over the behavior of many men but it does not assume that behind individual behaviors there are individual feelings within the individual minds.

Collingwood, on the other hand, concerns himself with the inside of the event. He tries to describe the thought within the event. This thought includes Caesar's feeling of defiance at Republican law, and his personal prejudices toward some of the other leaders within the Republic. Collingwood thinks himself into the action and tries to discern the thought of the actor in history. The Collingwood historians, however, consider that the thought in the mind of the actor which is the cause of the event is not different from the event itself. It is simply another way of looking at the event. The history of thought, and therefore all history, is the reenactment of past thought on the stage of the historian's own mind. Thus the character in history, such as Julius Caesar, is considered an on-stage actor in the Stanislavsky sense. He is most convincing and most influential if we can read the internal causes of his behavior. At the same time, the historian, such as Collingwood himself, is an on-stage actor and is showing us from the stage of his book his conception of the inside thought behind the events of history. To know the thought is to know the event better. To know the event better is to know more of the thought.

By such reexamination and reliving the thought becomes our own thought. It steps a bit apart from the conserve, just as Stanislavsky's Othello does. — History then takes its meaning from the only thing that can give history any meaning at all—our present life and thought.

Even the Collingwood historian is interested in the thoughts of historical personages only as those thoughts influence social customs and events. He is not interested in the way the personages ate or made love or carried out their hobbies to satisfy their own personal needs. As far as these non-historical thoughts and events are concerned, the actor is not a personage but only a person.

Collingwood, Freud, Erikson, and others tried to reach the human inner side of these springs of behavior. Yet none of them write the history of a country or of a person—such as Leonardo da Vinci or Moses or Luther—as if they themselves were more involved than mere scientific observers would be. No, these writers interpret the actor's or the patient's thought rather than participating in that thought or reliving it. These men talk about personages as most doctors talk about their patients. They do not talk as a patient (nor as a historical personage), giving out his thoughts as he felt them. These writers are objective, aloof, detached, and scientific doctors. They add to the conserve a set of fixed truths, though in the process of doing so some writers spontaneously contribute to the events of their times. They are not, however, like the more modern participant therapist who sweats along with his patient. For these writers, science seems to carry more prestige than art does.

Stanislavsky's actor, perhaps like the historical personage, could by insincere behavior alone impress the audience. But feeling inside himself the genuine fullness of the role and the tactile sense of the pantomime, he contacts the single world-mind which is in the mind of each individual in the audience. The actor thus strikes a resonance within each member of the audience and each

member of his troupe. The historical personage insofar as he is acting effectively within history, strikes the same harmony with the minds of his followers and those of his observers in the media.

Marcel Proust and Barbara Tuchman came close to this form of writing because they wrote more like patients than like doctors or researchers.

We must not assume, however, that all historical events grow out of the mind of this or that individual personage. The thinking that results in a president's pronouncement of policy is not entirely the president's. It is usually the thinking of his staff. Some of the thoughts the president pronounced may have been beyond his understanding. Collingwood often writes as if the personage himself did all the thinking, but in the full historical sense the personage is not a single person. His mind is the working of many brains within the influence also of a particular climate, landscape, and architecture or city structure. After the reasons for an edict have vanished the edict itself may live on and be used by small people for purposes the originating personage never dreamed. Nevertheless, it may become a part of that later history.

Just as an actor cannot really portray emotions that he has never experienced, nor act as a character that is not really within him already, so an historian cannot write "truthfully" and convincingly about a war if he has never experienced combat himself. If, however, he has commanded troops he may be able to understand the thinking of Alexander or Simon.

Collingwood seems to think that names, dates, events, and descriptions are merely non-human measurements. They are not human history. They only become human history when some newsman or some historian brings out the thought within them--the thought which is both his own and that of the people who carried out the historical action. This revelation is similar to that of the actor who brings out the plot of the play--the thought which is both his own and the author's. Even so, the mere empathizing with the personage's flow of consciousness is psychology and not history. History is the role-playing of those thoughts as they fit in with social changes and socially significant occurrences at a certain time in the life of a people. History is also the re-entering of that role by the mind of the writer of history and the fitting of the inner thought of those roles into the course of life in his own contemporary world.

Similarly, a diary or a biography is not in itself history, though it may contain some history. It must be reenacted in an historian's mind until it becomes the socially influential thought which is history. If some thought or some event occurs which cannot be revived in the mind of the historian, then that is not history. Of course, some new and better historian may come along some day who can make it history.

History of which we are unconscious is a mere natural process, like a submarine current or a storm on a distant planet. History itself is a consciousness in the minds of the historian and of the reader, and often it is also a consciousness in the mind of the personage--such as Caesar when he spontaneously crosses the Rubicon. At other times, though, events are caused by a personage without his realizing their significance. They only become history if other people (historians) can piece them together into their socially developmental context.

There is a cognition prior to thought--an unconscious or partly thought goal for the reflective thought which is about to occur. This early cognition comes from the Zeitgeist, the spirit of the times. Its assumptions are already stabilized within the conserve. But the individual himself must think through the reflection appropriate to that goal. If the individual fails to reflect, then events bumble on without the driving force of conscious humanity. They can only become historically significant if someone else (the historian) lives them out within his own mind and pieces them together in their context with other social events.

Summary

Traditional historians or dramatic directors have concerned themselves primarily with the "outside" appearance of an historical event or a dramatic act. They seem to believe that the event is all that an historian can know for sure. The act or the gesture upon the stage is the only thing which can impress an audience. Like behaviorist psychologists, they believe there can be no certain knowledge of the thoughts behind an event or act--there can only be guesses.

A more existentialist view maintains that continued existence of a certain personality (or culture) depends upon the continuation in someone's thought of a consistent pattern of ideas and desires, as well as a pattern of rituals and behaviors. If a person (or a culture) moves into such a pattern of actions quite detached from the old pattern, then he is considered a new character (or type of culture). An actor changes his personal dramatic culture when one day he plays the morose Hamlet and the next the jealous Othello, or when he acts as father to his children or first baseman on his ball team. A government so alters itself when it changes from republic to empire.

Like existentialists, Stanislavsky and Collingwood seem to hold that an individual is his behavior. A law is the way it is enforced by the courts and the informal discretions of policemen. The actor's ideas, desires, thoughts, and feelings are part of the acts themselves. Stanislavsky and Collingwood attend to the rules and the blueprints for these patterns of action--the blueprints conserved in the mind of the actor or in the book in the law library. These blueprints, these felt conceptions, when enlivened in the spontaneous creativity of a person, become the inside of the historical event. They become the inside of the dramatic character.

As long as a physician adheres to a certain concept of medicine (say, the germ theory of disease or the education theory of psychiatric treatment) his acts will fit that theory. Unless he can change that theory inside his mind he cannot consciously and consistently change his management of patients. Similarly, unless a government executive can change his own guiding theory of economics and administration, he cannot change his way of managing institutions, budgets, or people.

Beliefs move men--beliefs and their verisimilitude. Men strain to maintain a consistent belief just as hypnotized subjects strain to maintain a suggested delusion. The beliefs grow and modify themselves with time. This change and flow of the guiding ideas is the inside of acting--both in the theater and on the stage of history.

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THE WORK OF A SYSTEMS-INTERVENTION TEAM

By Matthew D. Parrish

The Development of the System of Action

In 1967, the Champaign subzone of the Meyer Zone Center was established under Joanna DeVries, R.N., M.A. Joanna's staff consisted mostly of wives of University of Illinois students. This part of the staff was not permanently dedicated to this particular work and tended mostly to see clients in the sub-zone office and to take clients in turn on a roster instead of in accord to what particular type of worker might be most beneficial to a particular client. Jo Delaney, R.N., and Grant Willis, M.A. (History) were more permanently dedicated, however, and soon got the reputation of being the two who were the most extensively responsive to the referrals. Eventually, then, all intakes were done by these two, and they apportioned them out to other workers according to the need of the client--more or less. However, in working in the community around the subzone office, Jo found that as a woman she was unacceptable in the jail, for instance, because the other girls had gone over there to work in short skirts and had upset the prisoners and the jailers, and on the other hand, a male worker was unacceptable to visit a home where there was a family upset about sex. The perfect solution turned out to be for the man and woman--Jo and Grant--to go always as a pair to each client in the community. In those times, too, the State's Attorney was rather quick to put into the county hospital for observation any citizen who was accused by another of being in need of mental treatment. Within the hospital there were psychiatrists who would rather easily certify that the particular citizen was in need of long-term psychiatric treatment, and the citizen would then be whisked off to Kankakee State Hospital for a long term. Thus Jo and Grant found it necessary to develop a close understanding with the State's Attorney, the judge, the county hospital psychiatrist, etc., so that the whole group of them could change together for the benefit of the citizens.

Meanwhile, about 1970, the Champaign County Mental Health Center advertised for workers to do "crisis intervention." Jo and Grant went to the center and averred that it never had really done crisis intervention anyway and had a very poor conception of what crisis intervention was. They were willing to work at what the Jo-Grant team defined as crisis intervention. In other words, they worked with families, judges, etc. mostly outside the offices of the center. They were backed up in this by Dr. Lewis Kurke, who was the State Department of Mental Health Administrator of that 18-county region. He told the center that Jo-Grant was a very expert team and the center would be lucky if it could hire it. At first the Jo-Grant team worked for the County Mental Health Center while being paid by the state. Eventually Dr. Kurke got the center's state grant increased so that the center could hire Jo-Grant full time as their crisis intervention team. Jo-Grant operated mostly by leverage relationships among ministers, medical workers, judges, sheriffs, welfare department rehab counselors, etc., in order to get total family-like systems organized around a problem which had usually presented itself as if it were completely encased within a particular individual client.

In 1971, Carol Hendrian-Johnson heard of the beautiful successes of Jo-Grant and came to Decatur from her own territory of Macon County, 30 miles away, and asked to be educated in these attitudes and techniques. Jo-Grant showed her how they operated. She set up a similar operation in Macon County under the subzone director there. Working for the Macon County Clinic, then, in 1974 she got the Gerty Award for being the most effective mental health worker in Illinois.

Currently, the "student" who accompanies Jo-Grant is usually a clinical psychology student in community psychiatry at the University of Illinois who is trying to learn about crisis intervention.

The following is extracted from the author's interview with Jo-Grant at the Champaign County Mental Health Center, in June, 1974.

Jo: Grant and I are doing "open intake" now. That is, we see the walk-in patients. This has given us an idea of how boring it would be to just do "therapy." Therapy is addicting to the client and to the therapist. It's very hard to keep the client from becoming dependent on you. The literature we've read on crisis intervention does not fit at all what we find. The literature is always concerned with stuff like bereavement and identity twinges in people who are ambulatory enough to come into a hospital and see a crisis team. The hospital team mobilizes the client so that therapy can begin and continue over a long time. For me, this problem is illustrated in Julian Lieb, Ian Lipsitch, & A. E. Slaby: The Crisis Team--A Handbook for the Mental Health Professional.

New York: Harper & Row, 1973.

Grant: Our records have gotten a little more academic. Formerly, we wrote a small paragraph on each client to satisfy the records people, but it never really told, to our satisfaction, what went on, and the most valuable part--the feelings and the understanding--really stayed in our heads. A new person reading that paragraph would get very little accurate feel for the problem of the client and his environment. So about July 1, 1973, we began to write, in our own informal way, some of the more personal feelings about a case. Usually we laid out a full page, handwritten. Our personal perceptions don't necessarily fit the sort of computer vocabulary that the paper forms set up for us to fill out. Feelings are likely to be unique for each patient. We did extract out some pertinent categories that seemed important to us so that it would be possible some day to get demographic computerization of what we were doing. So we noted age, sex, race, whether it was an emergency or sustaining care case, education, occupation, the problem area, the income level, and purpose of referral, as well as whether the patient was actually seen and what arrangements were made.

For instance, the old sort of writeup might say:

"John Smith, Ivesdale, call from Ford County Department of Public Aid. Client is an alcoholic, living alone. He upsets people. Info passed on to Mustard Seed (the local alcoholic inpatient treatment center). They saw him. He refused service. They didn't feel he had reached bottom yet."

-or-

"Joan Brown (address), husband called complaining she was crying, very inactive, refused to go out and meet people on her own. Had recently moved from her house. She was seen here in 1970 (case reference). Seen (date)--not suicidal--stubborn--anxious--whining,

'No one can help me. I should be locked up in State Hospital.'
Told her when she wanted help she could get it."

-or-

"Jennie Turtleback (address), her separated husband called saying she was starting another manic phase. Previous history: Seen on 2/21/74, refused to cooperate, hostile, grandiose, slightly loose. Arrangement made to take her to Michael Reese Hospital in Chicago after overnight stay in Mercy Hospital, Champaign."

An example of the newer writeup: After the demographic data comes the following paragraph:

"--Mr. Nelson phoned requesting us to see Dr. Jones. Neighbors had been complaining because the doctor cuts his grass at 2 a.m. He has been reported to have chased his wife around their house with a lead pipe, to have beaten both his nurse and secretary, and to have attempted to perform abdominal surgery on a patient on his kitchen table. At this point there have been no signed complaints, and Deputy Sheriff Smith felt we could not use his name in attempting to talk with the doctor. I agreed, and explained that without a referral source Dr. Jones would not receive us well at all. I also suggested that the medical society might be of most help. The Deputy said he would stay in touch with us."

Thus the case remains open, with Jo-Grant still in contact with the sheriff. Jo-Grant are powerless to interfere in the case without an authoritative referral. Otherwise, if they interfered, the doctor would challenge them as to how they got the information, and the case would revolve around the picayune details of accusations, etc., rather than the real issues of people living together.

Jo-Grant: A particularly frequent problem is that some client has been hospitalized in a state hospital in the past, and this automatically makes him a candidate whenever the family needs to call anyone crazy. It makes all his "normal" distresses crazy distresses. Often when we investigate we find that the client is not acting any more crazy than anyone else. It's just a family fight and he has the vulnerability of being labeled as the problem. Often, if one "normal" member of the family is in need of some help for a bad situation he is in, he can feel relieved if he gets the ex-crazy member into some kind of relation with medical authorities.

Example: Mr. Mike Murphy was seen at the request of his son, Pat. Pat stated that his father has been hospitalized previously at the state hospital. Currently the elderly Mr. Mike Murphy has been walking from his home town ten miles to Champaign. He has also been missing some of his money. The father is on medication from the psychiatric clinic. We saw Mike, who stated he walked because he had no transportation. The accusation about misuse of money, he felt was not justified. He actually had lent his son much of this money. The father appeared rational, and did respond somewhat defensively to lack of transportation. (He was going to get a truck next week.)

He said he had a family quarrel with his son, and thought he really did not need mental health service at this time. He did agree to take his medication, and I gave him our number and address.

This is a good example of why we should not be made to follow up monthly on every ex hospital patient. Such a followup makes the client more easily scapegoated by his ambient society whenever it has the need for a scapegoat, and secondly, it makes the client feel like a truant schoolboy or a prisoner on probation who really has to be watched by some sort of caretaker. This tends to encourage irresponsibility. At least, now we don't have to drive the "Mental Health" marked car and have it parked out in front of the client's house and thus increase the social stigma, but it would be even better if we only left our number so that we could be called whenever needed, without actually checking up on the client either by home visit or bringing him into a clinic. This is particularly important when people are already surrounded by a family or a shelter care home. There is somewhat more justification for followup of a person who is living an isolated life. There are occasional clients, of course, who should be followed up, but that is a matter of professional judgment, tailored to the particular client. To make it a rule for all clients causes far more morbidity than it ever prevents.

Tradition strangely discourages home visits, which are an absolute necessity for the evaluation and treatment of most cases. But it encourages the kind of followup visits which prolong patienthood and illness.

It's usually very important for us to educate the family group in which the client lives. For instance, one man's family was quite cognizant of his occasional episodes of illness but it had no sense of responsibility nor any skill in what to do about him. Consequently he slowly began to build the delusion that he was going to lose his job as janitor. Eventually he took all his money out of the bank and drove off to another state to get a job there, but when he got there he apparently felt inadequate, went into the sheriff's office and complained that his head was all messed up because somebody had peed in his beer when he was a child. The pee poison was still floating around in his head and causing his difficulty. The sheriff had him put in the state hospital for ten days (no treatment--just observation--that's the law). Grant was contacted by phone and he convinced the judge to send the man back to Illinois, with the other state paying half the expenses. The man was hospitalized and adjusted on medication in the local county hospital and then put into a zone center for a few weeks, after which he was able to go back to his original job.

It seemed to Jo-Grant that one of the obstructive problems here was that our own state mental health professionals wanted the man committed to the out-of-state hospital, where eventually the interstate agreement would take effect and he would be formally transferred to a state hospital in Illinois. Grant's method of handling it kept the case much more in a local "family-like" situation among the client's friends, and kept him from being more dehumanized by big hospitals. Furthermore, Grant was able to convince the man that he should sign himself in voluntarily to the county hospital. This was possible because

of Grant's relationship as a local family-type consultant to the sheriff and the man's family. The main point of this is that the family should have been trained in the first place to call Grant when the man developed significant signals of impending trouble. For instance, when he began to get up in the middle of the night and laugh loudly when there was nothing funny, the family should call Grant or Jo. In this case Grant was unable to get this across to the family effectively until after the man had sent out very powerful distress signals and Grant had had to "catch him in his fireman's net."

Another case was that of Miss Belle, from southern Illinois, whose family a few years ago became converted to a new religion and became rather fanatic about it, whereas the family had been somewhat relaxed morally before that. When Miss Belle reached college age she was very beautiful and the belle of the family, but when she came to Champaign to go to the University of Illinois she neglected her fanatic religion and began to take up Transcendental Meditation and other usual activities among some of the other college students. Concurrently, she developed a thyroid imbalance, began to gain a lot of weight, and neglected her personal appearance. She cut down her communication with her family and wrote her Last Will and Testament. The family got worried, called the Champaign County Hospital psychiatrist, who considered that perhaps she had a depression related to the thyroid problem, or at least the family thought that way. The family then went to the State's Attorney and signed a petition to have her committed against her will to the county hospital. The State's Attorney, however--having close relations with Jo-Grant--called Grant. Jo-Grant and a student went to her room and interviewed her. They concluded that she really was not feeling or doing anything very abnormal. Accordingly, Jo-Grant and the student had a conference with the State's Attorney and the family, all together, in a single room and averred that the daughter did not need to be in a hospital. The girl, however, was not at that conference. Grant and Jo said that they had advised the girl to get advice from Legal Aid and to fight the possible commitment. Thus there might be a problem and a challenge in trying smoothly to commit her. The State's Attorney was only mildly disturbed by this, although this particular State's Attorney was almost always on the side of any long-established family like this one, who owned land and kept responsible jobs. Nevertheless, the State's Attorney agreed to have the county hospital psychiatrist actually interview the girl. Jo-Grant had already seen this psychiatrist, however, and since they had a close informal relationship with him they asked him why he had ever thought she might be mentally ill, suggested he was off base and maybe he ought to see her in person. Accordingly, when the psychiatrist did actually interview the girl he gave her a clean bill of mental health.

The actual write-up of this case was as follows: "We saw Miss Belle because she had a petition signed by her father, the petition stating 'she had a thyroid imbalance, affective mental disorder, detached, moody, and is unable to care for herself.' We interviewed Miss Belle in her apartment, which was very modest but neat. She appeared to be functioning well, realistic, able to talk about her problem with her parents, and without any apparent disabling emotional problem. We met with the father and an uncle in the State's Attorney's office. After an hour and a half discussion about Miss Belle we could not reach a compromise about the petition. At this point, Miss Belle has been instructed to seek legal counsel, and if she does, the State's Attorney will

probably drop the petition. Whether Miss Belle will remedy her relationship with her parents remains uncertain. Later the State's Attorney said that in order for the petition to be dropped, Miss Belle must be interviewed by the psychiatrist. Interview revealed no mental illness and Miss Belle is back at work and school.."

One reason for Jo-Grant's power is that they alone of the workers in the County Mental Health Center have an administrative order from the Chief Judge of the Circuit Court to take the part of the court in advising each client of his rights and how to get legal help. When they go to a client who has had a petition signed against him and ask him for his side of the story, Jo-Grant are really acting for the court. They are not merely mental health workers representing the clinic. This occurs partly because of the close trust which has been established between the judge, the State's Attorney, and Jo-Grant. They also attend all the hearings and are ready to give depositions and recommendations as necessary.

Jo: The thing we have to work with in families is a contrast between some families' need, on the one hand, to scapegoat some member and think that by putting him away they are putting away all their significant problems and can go on with a normal life themselves, and on the other hand, the type of family which grows slowly accustomed to the increasing genuinely crazy behavior of a member, just as some people grow increasingly tolerant of a giant wen which grows on your neck and gets eventually to be too heavy to carry around. Such families tend to protect the deviant member so much that no proper intervention is afforded the family until the problem is extremely big. An instance of the second type of case is the following:

--Mr. and Mrs. Green had been married when they were pregnant, and when their daughter was grown they divorced and then remarried. The daughter always felt aloof from the mother and father. Finally the wife came to the attention of Mental Health when she got a clerical job and accused her boss of being a lesbian and trying to seduce her. When Jo-Grant interviewed the client, together with her husband and 70-year-old mother, there was so much contention that they asked the husband and the 70-year-old mother of the client to go out to their car and wait while they interviewed the client. At this point the client became agitated because she thought her husband and her mother would have sex in the car. The husband related how a few weeks earlier the client had become "hysterical" and acted like a cat, scratching on the walls, etc., and when questioned she had said, 'This is a cat house, anyway.' Eventually it came out that over the past few years the husband had grown increasingly tolerant of the wife's mounting paranoid ideas and behavior. She, for instance, accused him of molesting their daughter and her mother. This family had over several years adjusted itself around the psychotic life of the client in such a way that the family itself was, in effect, a total organism which was somewhat deviant from the rest of society. This is in contrast to the families which maintain a total image as righteously normal people while they project into one member all the deviant imagery and then try to get that member committed. This often requires that the family eventually develop another scapegoat. The best solution is a full examination of the whole family and its internal and external relationships. There is no single rule to follow.

The second family had gone through unbelievable stresses and adjustments for twenty years without seeking any professional help. These two last cases illustrate the fact that the same presenting complaint can arise from two completely different processes and trends within a family. In the second case, the employer gave the client a leave of absence so that she could get herself together again. The client then got into the hospital for two weeks and continued some outpatient treatment and eventually readjusted. Concurrently, the husband was in outpatient treatment with a psychiatrist in group therapy.

APA NOTES, DETROIT, 1974
(From Buckminster Fuller)

The universe is a Malthusian closed system with respect to both materials and energy. Entropy applies. On the other hand, the universe is an open cornucopia with respect to ideas.

Materials for housing have in part been replaced by energy for housing. Air conditioning and heating have replaced insulation. Electric lighting and electric fences have replaced some glass and stone walls. Quantities of energy have been replaced by ideas on better utilization of space and structural strength--domes, floats, balloons.

The Queen Mary weighed 85,000 tons. More modern ships, weighing 45,000 tons, carry the same payload.

Modern plumbing works on the same principle as the plumbing in Crete of 1500 B.C. The idea is to get rid of the sewage, which is considered "not me." The sewage is dumped on somebody else. In the same fashion, we get rid of delinquents, mentally ill and mentally retarded people. Electric incineration would be a more modern way of handling sewage by energy. Local recycling of sewage would be a more useful idea. Modern management of delinquency and illness would recycle these problems locally, to the advantage of the local society.

We do not prepare for either your Armageddon or mine. We prepare to exercise power for the sake of power itself. It is as if the power system had a life of its own.

The relations between people are not attractive or repulsive, but they are orbital. Thus we do not relate to each other in an Aristotelian fashion, where one body impinges on another. Actually we do not even relate to each other in a Newtonian fashion, where everybody attracts or repels every other body to some extent, and bodies take orbits around each other. Rather, each body or person disturbs the quality of the ambient space itself. Each body moves in relation to all the others along the "downhill" paths in space. One person does not cause another person's behavior. He only disturbs the probability of his behavior.

For Einstein, the universe was an aggregate of non-simultaneous events. Overlapping events infiltrated each other. If the strain of gravity is great enough all events may be impounded in a "black hole."

The biosphere collects non-random events (energy) and impounds probabilities. Thus, total synthesis and evolution move toward more complex life and organization and toward more complex methods of recycling. This is syn-trophy, not entropy.

The great usefulness of an individual in the ecology is the natural by-product of his personal development. His personal precessions, caused by other organisms, help other humanity and other life.

APA NOTES, DETROIT, 1974
(From Alvin Toffler)

A modern organization is not pyramidal, but it is like a Calder mobile, made of moving modules, finely balanced by marginal leverages of money and social pressure. Any module can be jettisoned if the wind is too hard, but the system will always heal itself over and continue to work.

Every professional develops himself in addition to his client's self, sometimes in contradiction to the client's good.

The professional expert is someone to whom the public imputes stable power and expertise. This pacifies the imputer, for the public needs to believe someone is omniscient and omnipotent. The professional never actually has such power, and any professional who accepts the idea that he really has it is becoming psychotic. This eventually happens to most kings and presidents. It can easily happen to doctors.

People don't move toward revolutions and drastic changes unless they see some model of possible effectiveness--or some TV pattern of life they think they might attain. College students and professors today have no model to follow. Today it is important that someone develop workable models for people to latch onto when the turbulence becomes great enough that they move toward change.

Political and social power now move upward, away from the nation-state and toward the network of international corporations and the UN. Power also moves downward toward small local tribalistic systems. A regulating system should emerge which keeps conflicts fairly useful. Huxley and Orwell merely projected Western industrial society to an absurd extrapolation, but that industrial system will be replaced before it can continue to the stage these authors imagined.

The old bureaucratic morality was that of Eichmann: "It's not me, it's the system." The new morality is that of Soljhenitzsyn: "I can't abide the system. I will survive within it but not as a part of it."

Industrialism created the nuclear family, and requires it. Women's Lib, the Socialistic welfare state, the communes, the kibbutzim are all a part of the drift away from industrialism and away from the nuclear family.

DAVID BAZELON--NOTES ON SPEECH AT APA, 7 MAY 1974

We not only have a right to treatment but a right to resist treatment. Institutions need cooperative scrutiny, using the expertise of similar institutions to help all affected citizens to understand and improve services.

The age of psychological man will give way to bio-behavioral Man. Atomic science is analogous to bio-behavior--to DNA, operant conditioning, chemical control of behavior.

To consider that all of society is sick and abnormal and that there is no individual mental illness, gives us no basis for comparison in order to improve society. By definition, society as a whole cannot be sick. Sometimes society is seen entirely by the light of certain institutions within society which make the whole society look sick. Institutions gain order and effectiveness by their dialogue with other institutions.

In questions of fact, the adversary system forces each side to organize and clean up its own evidence and to cross-examine and help clean up the other side. In questions of value, however, the common law never makes a final judgment. It always keeps the question open while temporarily giving some principle to act upon. It honestly airs competing values rather than covering up those values. Before coming to any decision it exposes the conflict of interest between the patient and the institution.

Not only the mental health professional but everyone else in the community has the right to explore the meaning of a "criminal's" behavior. The problem with psychiatrists is that they do not acknowledge the limits of their expertise. They do not acknowledge the conflicts which impair their expertise. They do not explain how lack of resources limits them in their work. They act as if an all-knowing investigation has been made of a client, even though there was only two hours to do it in. Occasionally they complain that in order to give all the evaluation the court would like, the psychiatrist would have to spend 100 professional man-hours. It is all right not to spend this much time if the psychiatrist does not pretend he knows as much as if he had actually spent that time.

Many psychiatrists felt that the Durham decision was adhering to a fossil of descriptive psychiatry, at a time (about 1954) when drug therapy was about to eliminate that sort of psychiatry. Actually the psychiatrist never went forward from the Durham decision to show those responsible for the patient how he reached his professional conclusions. Rather, he maintained the posture that he alone could have an informed opinion. The country mostly went backwards and tried to use Durham as a new shibboleth to test sanity--bringing no increased knowledge into the courtroom.

In the Rouse case of 1966, the right-to-treatment was asserted. The APA complained about this, saying that the definition of treatment was a purely medical determination. Recently the APA itself has advocated a right-to-treatment, relying on the Rouse decision.

5/14/74

In 1972, Bazelon, working on an ad hoc "committee," evaluated the Soviet's psychiatric commitment of political prisoners. It was found that the Soviet diagnosis evaluation, etc. in no case justified commitment, but neither did the evaluation of most of the people accused in American courts. The APA resisted this, but it now joins with the American Bar Association in considering that psychiatrists are agents of social control, along with data retrieval methods and behavior modification operations.

EXISTENTIAL THERAPY--NOTES

By M. D. Parrish

Reference:

Havens, Leston L. American Journal of Psychiatry, 131: 1-10, Jan., 1974.

The therapist considers the patient a human being equal to himself. Therapist gets with the patient's feelings without making any conclusions, judgments, or categorizations of anything the patient does. Therapist does calculate, however, how to make verbal and non-verbal responses which will extend and broaden the range of understanding and feeling between therapist and patient. The relationship is a non-ending dialectic--a continuing personal negotiation.

In rational work, some conclusive judgment precedes any decisive act.

In psychoanalysis, therapist knows his own heart so well that he can identify with the patient. He adopts the patient's desires, "habits," and fears, and then goes on to know himself as that patient. Thus he knows the patient. Patient and therapist emerge together from the patient's old problem-psyche. The therapist's knowledge of his own heart and his self, however, is not really enough because in the course of the relationship, that self changes. The self knowledge, then, is a matter of continuing education rather than the attainment of an insight.

Marriage is a dialectic proceeding forward without including the notion of divorce, but romantic marriage implies divorce if the partners are dissatisfied with the way each grows as an individual. Psychoanalysis is a substitute for marriage or family relationships and is attuned to the nuclear family and the romantic marriage.

The analyst considers the patient as fitting certain stereotypes of human development, such as oral and genital stages, Oedipus complex, sexual instincts, social coercions common to mankind or to the particular culture. The analyst looks for present feelings in the patient which are really part of these older developmental situations. He looks for feelings which reverberate with feelings the analyst himself has already had in the past and understood well. This attitude avoids considering the patient a unique individual who may not fit any prior category at all. This attitude, therefore, is almost useless for treating patients of a different culture or class from the self-understanding analyst.

The existential therapist would try, rather, to explore onward to discover the heretofore unclassifiable and unpredictable thinking and behavior of the patient. In this exploration the therapist has only his already-learned language and life experience to go on. Nevertheless, he must use that experience to move forward beyond what he is at first able to understand in terms of these old experiences. He must not classify the patient as like somebody or something he has already known. To do so would be to depersonalize the patient, to make the patient into some generalized type of human being--which is to make him only an object. Medical activities which fit the patient into categories enable the doctor to predict and to make alterations in present behavior on the basis of past categories. But such medical practices amount to the practice of Procrustes.

The existentialist tries to follow the patient as a total person, alive and awake to the present moment. He does not objectively consider the past or the future, since they are not to be grasped at the present social interface. He does not insult the patient by trying to discern the unconscious things the patient is really trying to do.

Existential therapy is described not in outdated lay terms but in outdated psychoanalytic terms. A definitive description of existential therapy will have to rely on modern literary English and not on technical jargon.

A trouble is that existential therapy takes the patient outside his natural world. He and the therapist grope toward getting along with each other rather than having the patient and his natural world grow toward getting along with each other directly.

In psychoanalysis, the doctor's staying out of the patient's sight, the lack of communication except by oral utterances (as far as supervised analysis can go) produces an objective, aloofly detached, literary sort of communication--rational, intellectual, and educated. With this detachment the therapist makes interpretations which build walls between patient and therapist, with the therapist looking down from the ~~will~~-top. By this method the therapist and patient can talk dispassionately about all kinds of body juices and nasty impulses. Thus neither member is so frightened nor so angered that he cannot be rational about the content of the interview.

The existential therapist sees the patient as unique. He involves himself subjectively in the dialectic-without-end between the two selves participating in the therapeutic interaction. Psychoanalysts and other therapists are more scientific, objective, aloof, calculating, literary, and intellectual in their communications and their viewpoints. Managers and administrators, however, stand even farther off toward the pole of objectivity and abstract classification and categorization.

Managers must classify the things they manage. Managers use abstractions, such as words and numbers, which stand for the person, for parts of the person, or the groups of persons with which they deal. Such classification, however, enables urban civilization to make its characteristic progress toward a social regimentation and division of labor into specialties. This abstract, objective, intellectual way of planning has led to affluence, to less disease, to wider information-access.

Arabs typically hold onto the strictly personal way of relating in endless dialectic. Americans would call this endless "needling"--in social life, business, or love. Therefore Arabs have difficulty in scheduling time, in getting rid of disease, or in winning a calculated war. They only win wars of enthusiasm. American children behave much the same. So do Africans and Polynesians. Mistakenly then, we think these people more simple and child-like than us.

Western man's management and machine technology has wounded his feeling of self-worth and self-existence. He turns for respite to a non-abstract, non-aloo, non-objective, non-scientific, non-intellectual way of relating to others in the small worlds of therapy, romantic courtship, commune life, astrology, exotic religions, nuclear family, various forms of prostitution and entertainment.

Existentially, a person cannot be classified as a great guy, a drunk, a schizophrenic, or any other hysterical or regimented category. He is forever unique and interacting as an equal person with each other person and group. The show business man or the actor who classifies himself and his friends as "great guys" or specific sorts of virtuosos or experts, avoids real participation in the existence of themselves and others.

SOCIAL REGRESSION IN THE SERVICE OF THERAPY
by Matthew D. Parrish, M.D.

The Sick Man Regresses

Suppose the President of the United States gets a severe inflammation of the gall bladder. He vomits, he has great pain, he does not want to own himself any more. He would like to become the possession of some powerful parent who can take over the responsibility for this problem. This is the opportunity that many a surgeon dreams of. Even the President of the United States must come to the surgeon, must obey him, and must be possessed by him. And indeed the President wants it that way until the surgeon has made him all well again. In this case the surgeon cannot make the gall bladder well, so he takes it away and keeps it as his own property, while the President can now go back to work having full responsibility for all his body minus the gall bladder. For a while, then, the President regressed in many respects to the stage of babyhood--irresponsible, dispensed, and completely under the guidance of a great parent who takes responsibility and ownership of the disease, and for a while of the entire diseased person.

The Community Regresses

Suppose a town meets with disaster--a great flood drives people out of their homes. Now this community expects to be called a disaster area and to get relief from the Red Cross or the Federal Government and other outside agencies. The town acts as if it were not even incorporated as a separate town but belonged to the administrators of the state. When the waters have drained away, the sick have been cared for, and the debris begins to get cleared, then the town will begin to take responsibility for itself. It may even tell the relief workers to leave.

Suppose a village or neighborhood develops a delinquent member--a person whose behavior is not to be trusted and who makes the whole community anxious. The community will now say to the state prison, or perhaps to the state hospital, "We don't know what to do with this man. We don't want any responsibility for him. You take him and you possess him until you have cured him. When he is no longer any trouble to us we will take him back." Thus a sick member of a neighborhood, like a sick member of a body, belongs to some powerful parent such as the doctor or the state.

The Professional Urge to Take Over Responsibility

The doctor may need the patient to regress because the doctor needs to do treatment or else he can hardly continue to be a doctor. In the same way, a politician may need the community to regress and become dependent and to demand that something be done for the community. Politicians can channel that sort of demand into laws or programs which make the politicians more important. A ghetto, for instance, may have considerable political power because of its votes and its occasional demonstrations and riots. Such a community can be taken care of and "nursed along" by a fatherly mayor, but if the community becomes strong and self-reliant it may take care of itself. It may feel it doesn't really need the mayor.

Now in the case of surgery, regression is often in the service of treatment. If a patient has a broken leg and the surgeon is keepint it in traction, the patient would harm himself if he got up and ran aroun. He should act like a baby and lie in bed. In fact, the president of a g. it corporation may say to a 20-year-old nurse: "Nurse, can I have a sip of wa'er?"

Now in the days before World War II the medical profession, in accord with the natural feelings of patients, had concluded that the patient after appendectomy required three or four weeks in the hospital to recuperate. During World War II, however, hospital beds were so short, nurses and doctors were so scarce, that a minority of doctors who had advocated "early ambulation" now began to have their way. Patients were "cruelly" made to get ou' of bed a few hours after an appendectomy. Low and behold! they recovered their strength much faster and more completely. It seemed that a certain amount of regression in the patient was beneficial in surgery but regression for too long a period was not beneficial.

Regression in Mental Illness

Sometimes a member of a community will become irresponsible. He may exhibit himself, he may take drugs, or sleep all day long and refuse to go to school or to work. He may become completely untrustworthy, or he may talk to himself all the time, get out into the street and try to direct traffic, turn in false fire alarms, etc. Such a person acts as if he were no more responsible for himself than a baby. Now sometimes this regression is temporary and is caused by poisoning or perhaps injury, but most of the time this regression is itself the problem. We do such a person a disservice, then, when we put him in the hospital and tell him when to eat, to sleep, to play, and what's good for him or bad for him. For we thus regress him still further. Regression in this case is not part of the treatment. More often it is part of the problem.

Immediately after World War II some psychiatrists recognized that such patients would recover full responsibility for themselves much more quickly if they were given a voice in the management of their own problems. If they had to be put in the hospital at all they were told what drugs they were taking, and often they even had a vote on their own medication as well as those of other patients with whom they had to live. The patients indeed had about as much responsibility for the day's routine as did the nurses or the doctors. There was much less of a wall between medical personnel and patients. Doctor-patient relationship began to mean a collaborative effort between patient and staff toward getting the patient back into effective and responsible life on the job, in the family, in the school, etc. It was not that the hospital nursed the patient; it was rather that the patient participated in a hospital program and helped to develop responsibility in a whole patient group.

But what about the community which produced this patient? Traditionally, the neighborhood or the town had allowed the medical profession or the corrections profession to amputate this member from the community. If the professionals could not make him tolerable to the community, then they would keep him forever as their own--keep him in hospital or prison.

Becoming tolerable to the community is a two-way street--the community has to accept the member and the member has to accept the community. So new professions began to work--the professions of community placement worker or community organization specialist or neighborhood worker. These workers consulted with the community, argued with it, planned with it, educated it, so that a particular type of patient would be more acceptable in that community. When the community workers found that the community was ready to receive a certain patient, then that patient could be discharged from the hospital. If the hospital staff should hold the patient in the hospital another few months until he was "completely well," then that hospital staff was considered guilty of malpractice. Whether a person is mentally ill or not does not depend simply on the behavior of that person but on the relationship between that person and his natural community. The hospital is only supposed to keep a psychiatric patient inside itself until he becomes able barely to exist outside in his natural community. The improvement and cure comes most rapidly when he is worked with in the natural setting where he normally lives. No one normally lives in a hospital.

Community Responsibility

But the community's fathers, teachers, and welfare workers are already working full time. They do not feel they can now take the added responsibility of containing some patient who makes a 24-hour-a-day study of how to drive fathers and teachers out of their minds. Furthermore, if a certain teacher or parole officer will but take some responsibility for managing the patient, then all other members will try to abandon to that one member all their own neighborly responsibility. The community worker's problem often is to keep any one member from doing all the work. He tries to get a little personal action from many people.

The patient is managed best when he fits into a familiar network of persons in his town. The community organizers require a lot of time or else a lot of organizing skill to develop such a responsive network of neighbors and workers who know the patient well enough to keep him employed and progressing usefully to self and others.

Sometimes a parent can handle a delinquent or sick child if they themselves can now and then have a week's "vacation" from the child. A neighbor or an agency may keep the child for a week. Sometimes parents can handle their own retarded child if they are paid. It saves paying an institution.

A patient may begin to irritate the staff of a shelter care home. The home, under doctor's orders, greatly increases the patient's dose of tranquilizers. But the patient becomes even harder to handle. A visiting nurse then shows how the patient is "cheeking" his pills and spitting them out later. She helps the home's staff to get at the institutional and personal attitudes and events which led to cheeking in this particular patient.

In order to have the towns, the neighborhoods, the families take responsibility for their deviant members, the mental health workers had to negotiate with those communities as if the community members were their equals, not as if the mental health workers were powerful parents who were telling children

what they ought to do. This community responsibility worked best when the community served by a hospital or clinic participated in policy-making decisions about that service. Communities began to develop the power to hire and fire the directors of their services.

At this point a great deal of resistance developed from the professional psychiatrists, psychologists, social workers, nurses, etc. If communities really developed responsibility and tolerance for their own mentally ill, mentally retarded, delinquent, etc., then there would be little need for these professionals to deliver direct services to patients. Mostly they would be needed to consult with the more "normal" agencies of the community, such as schools, industries, recreation programs, etc. They could sweat along with the police, the teachers, the managers and bosses upon the plans and the management of all these problems. They could sweat along as equals to these other servants of the community. They would no longer be the great parents giving advice to the children.

But the very presence of a large psychiatric hospital in a community tended to prevent this work on the part of the professionals. Hospitals are very costly. The staff must be paid, the heat or air conditioning kept up, the rent paid, and the floors kept immaculate even if very few patients were there. The average hospital manager, then, wants to keep his beds full, just as airlines want to keep their seats full. Otherwise the hospital loses money and can't even exist at all. Consequently patients are frequently kept in the hospital over the weekend, even though no particular treatments or examinations are done on them. The patients are kept there Saturday and Sunday because the hospital has to pay out money for that Saturday and Sunday anyway, and they like to have the patients help them pay.

When a big costly hospital is just sitting there in the community waiting for patients, then that in itself produces more patients. It is a constant observation that the county which contains the big state hospital sends more patients to that hospital than do the more distant counties. Those distant counties either handle their patients with short-term care in their medical-surgical hospitals or else they handle them as outpatients within their communities. Either way is much cheaper than to put them into the state hospital.

Typically the high honors in medicine go to the people who work in hospitals (the people who save us in our crises), but typically the programs which have made our lives longer, less painful and less crippling have been those which produced public education for cleanliness or have introduced good sewerage or chlorinated water or vaccination. None of these programs tend to increase the numbers of medical professionals a community needs. Most of these programs require that the community take more responsibility for preventing its own disabilities. At first the typical community tries to prevent the institution of such programs. It did not want vaccination, it did not want chlorination or fluoridation of water. These people feel much more comfortable in continuing their unsanitary or unhealthy habits and then giving the medical workers responsibility for cure.

The great problem in mental illness is that not only the prevention but the very cures themselves are best and most quickly accomplished by the communities themselves--the very communities which resist responsibility for this work.

Grants as Community Brainwash

For centuries, governments have been in the habit of setting up token economies which control some of the behavior of citizens. The government issues pieces of green paper which people can earn and exchange for goodies. Then the government taxes the citizens and takes away some of these tokens, to control certain behavior. For instance, tariffs discourage certain imports. Tax write-offs encourage religions and certain businesses. Control of the number of tokens to be given for meat or other products may change eating habits... In the treatment of delinquency or mental illness, psychologists sometimes set up token economies which may encourage, for instance, industrious behavior or social interaction among patients.

Federal and State governments sometimes adopt a token economy method of solving social problems. For instance, they may encourage more auto driving by giving matching grants for road building, or they may discourage driving by giving grants for mass transit. They will also give grants to insure that certain classes of patients get enough professional, or even community attention to keep them out of costly state hospitals.

Thus governments help communities to set up their own agencies and take responsibility for their own problems. When this is done, however, many local communities begin to calculate how they can use this outside money to provide jobs for favorite companies, or perhaps even to build buildings instead of services. They may even set up agencies which merely excise the troublesome members from the community and contain them forever behind some wall. When the communities get clever about this then the higher governments become clever about the kinds of services they require and their efficiency--else the grants will be cut off.

Wishing to avoid government-by-grant, some of the citizens will try to stop the granting work altogether. They will probably succeed for a while but then as the problems grow worse and local money grows scarcer, the community effort will reverse and grants again will come in. Each year the grantors insist that the agencies set more definite goals for themselves and meet those goals fairly well or else get no more grants. The higher governments also demand a stricter accounting of services rendered and of the effect of those services upon delinquency and deviancy rates within the community. The government will even supply civil service accountants and professional inspectors to reach an understanding of these things.

So it is predictable that in the next few years, higher government will increase the amount of grants to pay for services, providing the community will take responsibility for its own problems. A community which ships its delinquents and deviants out to distant prisons and hospitals may have to pay the state, say, \$100 a day for every one of its members maintained in a state institution. The payment will be merely a deduction from the community's grant money.

Summary

In medicine and surgery, the patient may fare best if he and his family give the medical profession complete responsibility for care and management of the problem. The patient and his family then become more regressive and dependent.

In psychiatry, however, regression or dependency is usually the very problem we are seeking to cure. Most such problems are cured best by keeping the patient in his natural family and neighborhood while a responsible community supports the rehabilitation agents--teachers, fathers, parole officers, employers. Professionals, trained to work only inside their own offices and only with the sick persons, need the community to be dependent on them. Many states used grants-in-aid or the public purchase of care as means to lead the community into taking healthy responsibility for its own delinquency, mental illness, retardation, severe accidents, etc.

Any community, therefore, which wants to avoid being led to provide the best and most responsible management to its deviant members should not accept grants. Such a community can extrude its irritating members and complain forever about how tax-supported doctors seem unable to solve many of these problems.

MODERN UNIVERSITY TROUBLES

David Riesman, in Transaction 1974, mentioned that the modern university administrator might have to figure out how to continue an educational mission to foreign students in spite of superior pressure to concentrate on the needs of black students and other more local American problems.

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The proclivity of Americans/to say, "Charity begins at home," and to scream about a favorable gold flow, and to hope that America can get away with a complete avoidance of the military and economic problems of the developing countries, but as the world becomes more nearly a Spaceship Earth a man's waste becomes not only his brother's pollution but it becomes the pollution for his own enterprises. A rich business can hardly survive if its consumers are so poor they can no longer consume.

But actually there is not much problem in getting foreign students educated into American ways. They would learn these ways to some extent even if they were illegal. The trouble is that America cannot learn the foreign ways. Very few Americans go to school in the developing countries--such as the Phillipines, India, or Nigeria. Those who do go to school there find that they have very little influence in America.

Consequently we really do need university administrations who are somehow free from the immediate political pressure to respond to "charity begins at home," or to the demands to use up present inventories of knowledge or of engineering and teaching skills without worrying about replacing or advancing them.

As I understood it, the early American university--typified by Jefferson's University of Virginia--was supposed to create an elitist group of "gentlemen." These graduates were supposed to be male and responsible property owners with an investment in the established mores of their society. If they were not white, male, and upper class they were supposed to act as if they were. Many people consider such elitism to be a benefit to the total population because these few highly learned people who retain a responsibility for the total society can be pushed ahead in their personal comfort, their knowledge, and their practical creativity at the expense of the masses of the population. Nevertheless, because of the responsible loyalty of these elite to their total society they will bring up the level of comfort and satisfaction in that society to a higher state than if an attempt had been made to educate and make comfortable all members of that society at the same rate. These elites, then, are the Einsteins, the Thomas Edisons, the Beethovens, and the Thomas Jeffersons of the human race. Soon the notion of elitism came to include the idea of "survival of the fittest." Whoever in competition won out over his peers, and advanced into the class of the elite, was by that very fact considered to be more worthy of being elite. Whoever survived was fit and whoever was fit survived. It was circular reasoning, and it wasn't very helpful to those members who were stupid or were unlucky in their competition. This whole idea of survival of the fittest was helped along by the due process of law in which legal truth was determined by each side's hiring a champion to fight a court battle for it. The side which could hire the best champion had the best chance of being truthful.

Now, this early academic elitism was only based on a Platonic approach. The students learned to think, they learned a lot of Latin, mathematics, history, and philosophy. They did not learn very much science nor technical skills. It was apparently considered that these gentlemen with classical educations could, in

their full aristocratic responsibility, take over the direction of any sort of enterprise. The Marquis de LaFayette, when he came to this country, for instance, to be a general under George Washington, was only 21 years old but no one doubted the ability of this elitist aristocrat to be a good general, and indeed he was.

In 1862, Lincoln signed the Morrill Act and created the land grant universities. These schools concentrated upon the technical advance of farming, manufacturing, and transportation. They turned out specialized technicians, with intense interest and skill in a narrow part of an industry. They did not turn out broad classically educated gentlemen who considered the world their responsibility. This land grant type of education aimed at bypassing any aristocracy in order to establish an essentially classless democratic society. The idea of the survival of the fittest, however, was by this time even stronger and the results were often that the society developed a ruling oligarchy based on money rather than on blood or on classical broad worldly knowledge. Nevertheless, some of the classical elitist approach to education still remains today.

Immediately after World War II the land grant idea began to take a back seat to the Federal grant support to particular projects within a university. Most of the support to education, then, became "soft money." The schools became dependent upon the Federal bureaucracy. States, counties, and industries did not have the Federal Government's ability to raise vast quantities of money. The Federal tax structure was the world's largest money-producer. As universities became dependent upon these grants they began to study ways to please the Federal bureaucrats. They also studied ways to put political pressure upon these bureaucrats, but their pressure was minuscule compared with the pressure produced by the great industries--of which the defense industry was the biggest. The bigger an industry and the bigger a university, the more necessarily it became enmeshed in the government regulations and ideals. In fact, the government was not interested in wasting money on second-rate institutions. As time went on, the Federal embrace of the universities became even closer.

For instance, immediately after World War II the G.I. bill, offered to millions of veterans, paid their tuition for university educations. The modern G.I. bill, however, is offered to fewer veterans. It affords a relatively lower subsistence level and it does not pay tuitions. Thus the individual choice of veterans is partially eliminated from the field of higher education, and relatively greater emphasis is placed upon the bureaucratically controlled grants to the universities.

Another problem arises. A poor state like Maine cannot afford to have its universities train students in industrial and scientific knowledge which will employ them in far-off places like New York or California and cannot improve the State of Maine any better than if Maine had no university at all. Consequently, the University of Maine would prefer to do teaching and research only on the "charity begins at home" problems of fishing, small manufacturing, and forestry. It could, of course, even more cheaply train "gentlemen" who might be great politicians, but this is no longer important.

Nevertheless, the people of Maine are citizens of the United States and as such are entitled to an education which allows them to function as adequate and useful citizens. Federal support to the University of Maine seems to justify the demand that that university provide educational opportunities to the citizens of Maine about the same as New York provides. The tendency is for education to become standardized all over the world, or at least all over the United States. A.B.A.

degree from the University of Maine comes to mean the same thing as a B.A. degree from the University of California. There comes to be no peculiar advantages or disadvantages to studying in Maine. When we think about Women's Lib it becomes even more important to standardize education because a woman who is studying nuclear physics at the University of California may have to move to Maine because her husband's work with an insurance company takes him there for three or four years. Not that the new woman has to follow her husband around, but she may want to. In secondary education, standardization becomes even more important. In the Washington, D. C. area a suburban school may typically lose one-third of its student body in the course of a school year--as their parents move out on industrial and government missions. Many children spend only part of a school year in each school they attend. Yet schools differ widely across the country because economic support from the local systems of government differ so widely.

Ultimately the state support to education and the support to mental health is similar. It would seem that we should provide a standard treatment for patients all over the country just as we should provide a standard education for children.

But whether a boy learns to spell may depend upon his image of a man as a spelling animal, as contrasted with a woman. In some cultures, men simply do not learn to spell very well. If boys are to spell, and yet to remain identified with the men of their culture, then special effort must be made with the communities which produce these boys. The parents may be educated or new male models may be provided for the children so that the boys will enjoy spelling. In the mental health field, a certain kind of behavior may be considered intolerable in one community but quite normal in another. The patient who is rehabilitated, thus, in some rural Alabama town may not be able to stay out of jail or hospital when he moves to Boston.

Furthermore, with the growing trend to respect blacks as blacks, or Chicanos as Chicanos, and not to try to integrate them into the great American monotony of culture, it becomes increasingly important to help the patient or the student to develop behavior and knowledge compatible with his own cultural way of life, his own language, his own man-woman relations. This is to some extent incompatible with complete standardization. Thus Federal and State standards for grants cannot be the same for every community--neither in education nor in mental health.

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IMPROVING PERSONAL HEALTH BY LOOKING BEYOND THE INDIVIDUAL

Can financial support bring prestige for other than purely individual treatment? Suppose social health insurance paid professionals for treatment delivered to a neighborhood which was driving most of its teenagers to become school drop-outs and drug addicts. Suppose this compensation was paid, not for the problem of a child nor a parent nor a police officer nor a teacher as an individual organ, but rather for the neighborhood or the school as a single organism. Then the alteration of a social style of behavior in the neighborhood or school might prevent the problem far more cheaply than treatment for each individual. Insurance companies and political organizations don't want to do this because they think no one can prove the effectiveness of such preventive measures.

Of course, it's just as hard to prove the effectiveness of individual treatment, but insurance companies maintain that the insurance premiums were set up to pay out according to a statistically predictable need for treatment and they have good data on the medical behavior of individuals. The insurance company pays for them to visit the doctor a certain number of times. It is not necessary for them to be cured in order for the insurance company to pay.

No insurance company, however, has formally set up a means to pay for a certain amount of predictable preventive work upon a certain neighborhood, office, school, church, band of relatives, etc.. Consequently, most professionals do not concern themselves with treating troubled social organisms. They only treat individual elements of these social organisms--that is, they treat individual persons. Of course, they occasionally treat those individuals in a group or in a family, but usually each individual is separately treated and there is little attempt to change the rituals and the styles of behavior of whole social organisms.

Of course, communities do change their habits of cleanliness, of drug use, of the way women treat men or whites and blacks treat each other, but we like to imagine that these changes just occur spontaneously--that there is no visible force that causes such changes. Most communities do not realize that engineers often establish a pure water supply in a village and thus end 80% of its disease. They forget, too, that some sanitary practices are formalized as law and thus put an end to many medical problems. Hookworm, for instance, is eliminated by proper usage of privies.

Of course, some professionals do work at changing attitudes, rituals, styles of behavior. The clergy often does it before the catastrophe occurs; medicine and the police usually do it afterwards.

But where does the money come from which supports a mental health professional as he confers with school authorities or court staff or as he takes a speech before the PTA or helps organize a hot-line or an alcoholics anonymous chapter. Well, now-a-days, much of it actually comes from insurance. The professionals are paid for treatment they render to individuals--perhaps an ineffectual treatment. Then, on their own time, the professionals make speeches and consult with "human care takers" such as school teachers and policemen. But without the insurance money, they have no professional time "of their own". Of course there are many instances in medicine where the money paid for service actually supports another service more than it supports the paid for service. For instance, a clinical laboratory may charge fifty cents for a urinalysis and ten dollars for a tissue examination for cancer. The urinalysis actually costs the lab \$6, but the pathological examination costs \$50 or more. The urines pay for the tissues.

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Improving Personal Health by Looking Beyond the Individual

Insurance companies, of course, pretend that they have cost accounting methods which show just how their money is being utilized. They say it goes for treating the in-patient when actually the money's effect spreads to outpatient and even to preventive work.

A few mental health professionals¹ have made more detailed cost accounting, and have found some of the relative costs of inpatients and outpatients as well as preventive work in their services. They have even set up ways to pay off professionals for actual rehabilitation of a patient, not for mere hours of treatment. Health maintenance systems benefited when a community's health was better; they have suffered financially when the community was sicker. But health maintenance is still a minor effort in most communities.

As we become more precise in our accountability, the public finds that money is not being spent for what it was budgeted for (e.g. it is spent on tissue examinations rather than on urinalysis). The budgeteers accordingly cut out that "extra money". In so doing, they cut out the new and progressive development. Professionals now will have to say they are doing these uncertainly progressive things and budget for them.

The general techniques and philosophy of developing community responsibility for the community's own delinquency and disabilities are rather simply laid out in the literature.^{2,3,4} But the specific ways of decreasing non-effectiveness in a certain community lie stored in the lore and the experience of its neighborhood mental health professionals and volunteers. Typically, these people do not write up what they do. They teach by demonstration and by example; consequently, training or research coordinators and professional journal editors have to travel around with these workers and interview them "journalistically" in order to get some of this lore into teachable writing. Even so,

it is attitude and charisma when it comes to changing the behavior of a sheriff or prejudices of a community citizens' league. Universities and accounting offices are accustomed to dealing with measurable and literally describable activities. They become frustrated with the "illiterate" community mental health worker, and tend to think he really could not be very important. Personnel departments also have a hard time setting standards for the important qualities in these workers. Directors and managers of clinics of course know whom to hire. They hire the imaginative, energetic workers with a liking for people, and a flair for getting along with local families and individuals.

One thing can be understood however, and taught to the new worker. This is the idea that the most appropriate organism to be treated is not always the individual. It may be a social organism such as a married couple, a large family, a neighborhood, a school, a shop or a mill. The misbehaving individual may be a symptom of disease in the family or school just as an ulcerated intestine may be a symptom of disease in the total individual. We have reached some understanding of these social organisms and the sort of treatment they need. (It is not a "expert" treatment delivered to them with great confidence and authority; rather, it is a process of negotiation between citizens and professionals of several kinds doing the entire process of working out the problem). But we tend to pay only for services rendered to the symptom—that is the individual. Deviant individuals are not isolated cases; they are well known to be acting in their roles as spouse, parent, company clown, devoted servant, public complainer, show-off, etc.. When we concentrate on these individuals who are only symptoms within a disturbed society, we in no way help that society to decrease its symptoms—that is to decrease the numbers of such deviant and intolerable individuals.

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Improving Personal Health by Looking Beyond the Individual

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THE POLITICS OF MENTAL HEALTH

By Matthew D. Parrish, M.D.

Modern methods of training medical and surgical specialties have had an unwarranted influence on the training of mental health professionals. We consider that the "best" medicine results when we collect the various diseases and the various specialty talents in a Great Center. The great prestige and the combined talents belong not so much to the geographical area, for instance, of Boston but to the corporate organization of Harvard University or Peter Bent Brigham Hospital.

Among the great laboratories, the X-ray machines and the collections of specialists in these great centers, we train our physicians so that they find it very difficult to practice out in the "provinces" without these facilities. An extreme example is the Foreign Medical Graduate whom we train as a medical or psychiatric resident in a great center. After graduation, he can not return to Iran or Indonesia to practice because he is not comfortable in working with the low level of equipment and organization in his own country. Sometimes, his capital city has good equipment, but it collects unto itself practically all the highly trained doctors. There is so much competition he can not make a good living. In the U.S., to a somewhat lesser extent, doctors also collect in the "Great Centers". Since the rural areas and small towns can not provide adequate medical services for themselves, the medical services become the plaything of centralized politics--state or federal. Thus, the people of Mattoon feel that if they want the very best treatment, they must go to a great center like Chicago or Indianapolis.

The practice of good psychiatry, however, does not depend so much on the laboratories, the X-ray machines nor the collections of extremely specialized experts. The X-ray technician, the pathologist, and the surgical nurse perform completely different functions with the patient, but a psychologist, a social worker, a psychiatrist, activity therapist, vocational rehabilitation counselor, etc. can usually deliver the sort of treatment a patient needs. The variations in their approach to the patient, essential as they may be, are not gross.

Furthermore, the psychiatric problems within an individual can not be separated from the background in which they occur. These problems are aggravated or mollified largely by the environment in which the patient lives and is managed. The patient gets disturbed not simply because he was born with less brain tissue than other people; he gets disturbed because he has no acceptable role in the family, the school, the office, the neighborhood. Nevertheless, his friends and their advisors often send him off to a Great Center such as Michael Reese or Elgin, in order that he, alone, can be changed and made better able to live with his townfolk, or else can be put into storage out of sight.

The inability of neighbors, families, teachers and bosses to cope with the difficult human relations problems that arise in their midst leads them to get someone else to specialize in taking those problems off their hands. The townfolk feel a strong need to avoid the anxiety brought on by people they can not manage, but they confuse this need with the need to get medical treatment in a Great Center. They feel the "best" service for the problem exists in the Great Center.

Consequently, local politics concerns itself with turning over local human relations problems to big, centralized politics. Counties look to state and federal hospitals as experts. Yet, a human being in Elgin who is trying to manage a patient is no more human than one in Mattoon. Perhaps a small town can't do brain surgery, but it affords the most intimate social contact and the most familiar human relations that an individual has.

The Politics of Mental Health

In contrast, the community mental health teams orient themselves toward rehabilitation within the local community. They necessarily utilize local citizens, well accepted in the neighborhoods, in order to help the patient and his peers to work together for their own mutual benefit. The emphasis here is upon getting a somewhat impaired individual to work and play effectively with his peers. Only a secondary emphasis is placed on curing a chronic impairment.

In the "Great Center" on the other hand, most effort is usually placed upon the attempt to decrease the amount of inner pathology within the patient's psyche. The theory there is that if the pathology is relieved, the patient will automatically take his place as a normal human being among his peers, who will readily accept him.

The rehabilitation of the chronically impaired works best when the client's family and employers get some rewards and gains from their relations with the client. Thus, a hotel manager may find that a mentally retarded room cleaner is more loyal and dependable than the highly intelligent person who quits from boredom after a couple of months.

The problem is to get the local citizens to understand and use the benefits that can come from mental health clients. California's mental health laws of the 1960's were attempts to set up economic rewards and punishments to counties such that the citizens would have to accept the care of their own citizens, and would find satisfaction and economic gain in doing so. Such laws are only a help. The ultimate force toward rehabilitation of the mentally ill and the retarded is the economic and emotional satisfaction that comes to the citizens in the course of rehabilitation of their own impaired fellows.

Unfortunately, we have given much thought to the elimination of pathology without very good results, and we have given little thought to programs in which the impaired, old folks help bring up the children and the children help make life meaningful to the old folks; industry utilizes the assets of the developmentally disabled--assets such as expertise with animals, loyalty to supervisors, ability to maintain monotonous jobs, etc.. People with certain obsessions, compulsions, perversions, and prejudices can contribute a lot of service in certain fields. It would appear that we need to have more operational research in such programs. It would appear too, that we should concentrate our money and our efforts more upon the primary development of rehabilitation programs. As adjuncts and aids to the rehabilitation, we can have some "treatment" programs. But "treatment" never supersedes rehabilitation.

November 25, 1975

Unit Directors
Head Nurses
Training Coordinators

CONCEPTS FOR PATIENT TREATMENT

As time goes on, I discover that some of my prejudices and definitions from the past are different from many of yours. I need to know just what your own feelings and experiences are so that I can get with them; I certainly don't want you to be influenced by any out-of-date concepts of my own. Therefore, I want to air them with you as far as I can, and have you give me feedback and corrections as we meet from time to time in the next few weeks.

1. Milieu Therapy

My first personal contact with milieu therapy was in 1956 when I returned from Korea to find that Dr. Kenny Artiss had established a milieu unit at Walter Reed Hospital. Milieu there meant the general atmosphere maintained upon the ward; it meant the temperature, the smell, the arrangement of beds, the status pattern and communication pattern among the clients and among the staff. It was a set of expectations which every member-client and staff maintained towards the total membership of the ward. The staff was constantly concerned with the stake-outs of territory and status among the clients and staff. It was influenced by the hospital roaches, cats and other pets as well as by the blood levels in staff and clients of such drugs as alcohol, thorazine, aspirin, nicotine and caffeine. The milieu was affected by the frequency of group meetings of the entire ward membership, and by the type and quantity of medical records. The milieu was adjusted so as to provide a maximum therapeutic influence on the total body of staff and patients. This therapeutic judgement was made statistically; in any particular adjustment of the milieu some patients improved or deteriorated more than others. Thus, the milieu was not aimed at helping each individual patient. Individual patients often had to have individually adjusted attention quite aside from the general milieu. Nevertheless, when a particular patient received individual attention or therapy, it was considered to affect the general atmosphere or milieu. Thus, a dose of thorazine or an hour of private therapy delivered to an individual client was considered to be indirectly delivered to the entire milieu.

Every symptom and every non-routine act was considered to be a communication to the entire membership (staff and client)--even though the communication might be immediately and directly delivered to a single person. For instance, whenever a flower pot was thrown, the entire membership immediately went into a group meeting in order to get that act and the feeling behind it expressed in words rather than in the more powerful but more confusing emotional outbursts. Of course, the group did not merely attempt to get the patient to express himself in words. It also tried to get the entire membership to verbalize its own contribution to the emotions which ended up in that particular patient becoming the mouthpiece for a communication by outburst.

The research was conducted first on very young, acute schizophrenics for a couple of years, then on older schizophrenics, and finally upon alcoholics. The unit's

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milieu was considered to be nested within the milieu of the hospital and the general political milieu of the army and the federal government. Furthermore, each individual was a member derived from the outside milieu of his duty company and his home. The most accurate instrument for determining the quality of a milieu was a human body with a sensitively observing and feeling head on top of it. Consequently, when the social worker went to the home of each individual patient to evaluate that milieu of origin, the social worker lived in that home for three days. In the majority of those families, there was a phenomenon called the "second day revelation". On the first day of his visit, the social worker would interview the family members, and would gather a lot of confidential family feelings and history. On the second day however, some member would pull him aside and tell him the "real" secrets of the family--contrary to the nicely consistent and understandable revelations of the first day. Those first day revelations were dramatic enough, but they were like the small pot of gold which the pirate buries above the large chest of treasure so that the diggers will be satisfied, and not dig further. It was concluded that most therapy which is performed without more than one day of a living-in family site-visit is performed upon the pot, and not upon the chest.

These attitudes affected the army's consultation to civilian milieu programs. For instance, when Ft. Logan Mental Health Center's alcohol unit asked for a consultation from the army, the consultant refused to stay in a hotel; he insisted on living in a hospital bed right among the alcoholics themselves. It was only thus that he felt he could really evaluate the milieu; otherwise, he would be too aloof and detached from it.

Later, in some other hospitals, I found that "milieu" meant the 24-hour a day management which nursing staff provide for clients. It was a sort of soup in which they all improved slowly, or at least their time was occupied. The social workers, physicians and psychologists then extracted a client or a small group out of the milieu for personalized help. This idea of milieu avoided Kenny Artiss' idea that all help and every symptom and complaint was part of the milieu, and affected every client.

2. The Therapeutic Community

At first it appeared to me that therapeutic community and milieu were the same thing, but in 1964 when I visited Dr. Maxwell Jones and Dr. Tom Main's therapeutic communities in Britain it appeared that milieu was a plan established by the staff with some help from the clients to maintain a proper atmosphere for the improvement of sick people. A therapeutic community, on the other hand, seemed to be a political organization something like a nation would be. Mostly, its membership was concerned with policing, entertaining, feeding and treating its own internal group with a little attention to the outside world through "ambassadors".

I spent a week in Maxwell Jones' original community of "psychopaths" at Henderson Hospital south of London. There were only 50 clients there. My second community was Dingleton Hospital in Scotland, a 400 bed "state hospital", superintended by Maxwell Jones himself. This hospital contained all the range of psychosis and other problems normally found in a state hospital. The third was Cassel Hospital southwest of London. Tom Main was the director. There were about 50 residents, and for the most part, they were severe neurotics with only a couple of "psychopaths" and a couple of psychotics. I lived in at the first two hospitals for a

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week at a time; at the third one for only a couple of days. The problems of each of these communities were quite different, but they had certain things in common:

- a. No uniforms or name tags; you couldn't tell the clients from the staff.
- b. No psychotropic drugs were given; even aspirin was considered a psychotropic drug and of course, all sedatives were. Staff believed that drugs which controlled behavior prevented staff from reacting to the psychological needs of particular psychotics and to the unit's social problems which usually brought on the symptomatic behavior.
- c. There was no private therapy--in other words, there was no one-to-one therapy in an office. The one-to-one contacts were carried on in the open, with other staff and patients around. All programmed psychotherapy was group psychotherapy.
- d. One or two of the day's meals were always planned, prepared and served by the clients. If they over-ran their budget, they didn't eat much.
- e. Except in the geriatric unit, no one but clients could do any house-cleaning. Among the "psychopaths" at Henderson, the unit floors would be completely covered with cigarette butts and other litter before the members would suddenly have a clean-up party (about twice a month).
- f. There were no locks on the doors, and no mechanical restraints were used.
- g. Staff-to-patient ratio - including administrative - housekeeping staff - was always less than one to one.

It was hard for me to understand how a "state hospital" like Dingleton could contain its court-committed clients without locked doors. The secret, as I saw it, was that they were contained largely by the other clients who would quickly form impromptu psychotherapy groups, and surround the individual with therapy before he could get out the door. Sometimes, a newly committed client would start for the door again, as soon as the group was over; for a while, there would be only a few seconds between group meetings. Dingleton was actually the first "state hospital" in the world to unlock all its doors. This occurred about twenty years before Maxwell Jones came there, and made it a therapeutic community. In those early days the skill of the client groups did not necessarily keep the patients indoors, but the surrounding community, after much negotiation with the hospital, decided that it could tolerate and manage a few wandering clients.

Henderson Hospital was unique in that the admissions and discharges of clients were completely under the control of the clients already in the hospital. No doctor could admit a client if the resident clients didn't want him. In a state hospital, if a doctor should admit a client that the others could not tolerate, that would only mean that the new client would get poor therapy, and would probably deteriorate. In Henderson, it would mean that in 24 hours, he would very likely be dead.

At Henderson Hospital, the "psychopaths" not only had both scheduled and impromptu therapy groups, but they also had stabilized work groups. One such group handled most of the paper-work for the research and follow-up being done over many years on this program. Another group was essentially a carpentry group, and went around repairing

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the damage the clients had done the night before.

All three of the therapeutic communities I visited in Britain were part of the national health service; they were not private hospitals. In fact, it is usually more difficult for a private hospital to make real innovations than for a public one to do it. The private hospital has to please a lot of fastidious clients and staff; the public hospital has a greater variety of membership and therefore, can get more tolerance from them.

Apparently, Tom Main, about 1945 instituted the first therapeutic community. He, himself, was a psychoanalyst and lieutenant colonel in charge of five psychiatric units in a military hospital in Birmingham, England. He had a friend who was an orthopedic surgeon. This surgeon was evaluating patients who had recovered from tuberculosis of the spine, a problem which usually requires six to twelve months treatment. Half of these patients had been treated in hospitals, and the other half outside of hospitals. Now, eight or ten years after the treatment, the surgeon was doing his part of the evaluation. He said that when each ex-patient walked into his office, he could recognize immediately which patients had been treated in the hospital because "the marks of the hospitalization were still upon them". At this point, Tom Main realized that the most important effect he, himself was having upon his patients was simply the effect of the hospital life, and not the effect of any particular "therapy". Consequently, he set about to attend primarily to the hospital life. He did this mostly with neurotics of the type which might also have benefited by psychoanalysis. In 1949, Commander Harry Wilmer visited Cassel Hospital and was inspired to establish the first therapeutic community in the U.S. at Oakland Naval Hospital, California.

In the mid 1940's, Maxwell Jones set up Henderson Hospital's therapeutic community for treatment of the "psychopaths" which psychiatry had always considered untreatables.

Well, all the visiting and talking I did on these programs influenced the meaning of "milieu" and "therapeutic community" for me. I know, however, that the human services have made a lot of progress since then; I'm just telling you the state of my own concepts so that we can better learn together as we meet in the future.

Matthew D. Parrish, MD
Superintendent

MDP:meh
ccs: Files

CONCEPTS OF NURSING:
A Message To The Nurses-Rockford 1976

June, 1976

By M.D. Parrish

During the last couple of years since I have been a member of the Illinois Implementation Commission on Nursing, I have had to learn some concepts of nursing which are new to me. I would like to share them with you. I don't say they are proper or valid, but I would like your opinion about them so that I can better reorganize my own thoughts. If you have thoughts about any of this, please let me know them.

The Commission, as I have heard it, has generally advocated that in the distant future, all nurses should have a Bachelors Degree. The Commission seems to say that the two year associate nursing training should be eliminated. The three year diploma training it recognizes as being very valuable for patient care, but it seems to think that the degree program gives a broader base, and particularly affords more prestige to the profession of nursing.

In talking with students and professors in several bachelors degree programs, I find that they are now saying "Yes, we admit that the three year diploma program gives the nurse much more skill and confidence in dealing directly with the patients' needs". Accordingly, (perhaps in order to justify a still higher prestige for the bachelor) some of the schools are saying, "Yes, the diploma program turns out excellent technical nurse; but we turn out professional nurses". The professional nurse is one who can (1) handle the English language better in order to write reports, charts and articles; (2) better understand general management, legal implications and the flow of paper work; (3) maintain a better understanding of the history of nursing and the position of present day nursing in that overall history; (4) maintain a higher level of skill dealing with groups such as governing boards, advisory boards, citizen groups, hospital committees and the working group upon a particular nursing unit.

In the degree programs which seem to be the most modern, the nursing courses are not taught as if the professors maintained some vast reservoir of knowledge which they ladled out to the students as needed. Rather, the attitude was that the students generate it more effectively. Most surprising to me was the notion that the nurses are learning as groups, not just individuals. Assignments were often given to a group of four or five nurses. The group had to decide which members should do the library work, which should do the patient observation, and which the editing and write-up, etc.. Consequently, the individual nurse's grade depended on how well she could cooperate with the group, and how well she could stimulate that group to do better work. The students were very angry at this in their early education, and I don't think they ever completely accepted it, but by and large, they seemed to come out of school with the notion that there are no fixed answers to anything in nursing; there are many contradictions and often, the nurse is damned if she does, and damned if she doesn't. She simply makes the best choice she can within the conflicting data.

Some of the students tried to go their own way, feeling that they would become great individuals on their own. They simply flunked, or got very low grades. They could become great individuals perhaps, but only after they had learned to form great groups or to stimulate great work from a mediocre group.

EVERY INTER-OFFICE LETTER SHOULD HAVE A SUBJECT. WRITE ON ONLY ONE SUBJECT IN THIS LETTER.
ALL LETTERS TO BE SIGNED... NO SALUTATION OR COMPLIMENTARY CLOSING NECESSARY.

Concepts on Nursing

June 2, 1976

There seemed to be three kinds of skill which were considered particularly important in nurses: (1) The ability to get excellent work done with a mediocre staff; (2) the ability to allow subordinates who were brighter than the supervising nurse to develop their own full potential even though they would eventually out-shine the supervisor; (3) the ability to involve the patient in his/her self-care plan to allow for the return to a maximum level of functioning.

The basic function of the nurse was to get the patient (and his significant associates) onto the track of adequate self-care. Nursing was needed whenever sufficient self-care was absent. Nurses, however, did not simply fill in for absent care by providing it themselves; they organized systems of communication and of work around the patient so that self-care became a closed system. For example, a system of inter-dependent family members might cooperate to keep a patient member, and indeed all other members, in a state of good health.

Whenever a patient within such a system lost some of his symptoms and perhaps became able to walk or to think better, his role within his system changed. This necessitated at least a slight change in the role of every other member. Thus, it was not sufficient to correct a patient's disability without considering what the role change would do to the patient and his significant associates. For example, the patient may have played the role of a complainer for his associates. They may have needed him to voice complaints for them, or the patient may have been the object of altruistic help-recreation from the group. If removed from his group role, the patient might lose his significance as a person.

Thus, the nurse is a communications center and a communications stimulator in a self-care system which includes the patient and the doctor. The nurse regulates contact between doctor, patient, family, other hospital staff, etc..

The physician usually functions by moving into the patient system as needed, and then withdrawing when his particular project was finished. Usually, his project consisted of improving the individual patient's ability to handle the disease-producing forces which were rendering him temporarily non-effective. The nurse functioned by continuously monitoring the communications within the patient system--the symptoms, the therapies, the role changes, the learning, etc.. This seems to me to be more true of the public health nurse than of the traditional hospital nurse.

The nurses duties were (1) to carry out the health care measures such as to see that the proper medications, diet, exercise, etc. were provided; (2) to observe the effects of those measures and to observe and chart any new symptoms; (3) to select and obtain resources such as a doctor's attention to fever, or an aide to help with the patient's toilet activities; (4) to design self-care for the patient and the system in which he must live.

There were certain facts which were considered "nursing crimes":

1. Practicing medicine such as by giving unauthorized medications or discharging a patient on her own; officially making a diagnosis (as distinct from a clear nursing assessment).
2. Practicing nursing while under the influence of alcohol or drugs.
3. Negligent or improper assignment of personnel.
4. Improper acceptance of duties for which she is unqualified.

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5. Derisive or slanderous communications--oral or written about patients or staff.
6. Stealing drugs and supplies, or mismanaging patient's property.
7. Caring for a patient without having a plan--that is, without regard for the future or for how ward activities relate to eventual rehabilitation of a patient problem.
8. Allowing a patient or a patient system to come to harm by not challenging improper treatment by others.
9. Concealing the nurses own errors; for instance, a nurse might inadvertently give an overdose of medication. This, in itself, was not considered a crime if it was written in the chart, and called to the attention of other people so that either immediate corrective measures could be taken or if perhaps the patient were already dead, at least a clear investigation could be made which would lead to prevention of further such problems. On the other hand, if the nurse recorded that she had given the correct dose when she really had not, that was considered a "crime".

The hospital had to be careful not to punish too severely an honest mistake for that would lead to (1) a tendency for staff to conceal mistakes in the future, and (2) a tendency for pharmacist, physician, manager and technician to absolve themselves of all responsibility for the problem. Thus, very little energetic talent would be directed toward improvement.

The modern nurse, then, saw herself as the central promoter and monitor of a process of developing self-care in a social system which included the patient. Thus, within a family, the nurse abetted the re-direction and the role changes necessary for better health; on the ward, she promoted healthy interaction, caring and concern among patients themselves as well as between staff and patients. Again, the goal was self-care both for the individual and his group. In the development of this system, the nurse insured that the disciplines outside nursing contributed their part. If they did not, then the nurse contributed to the negotiation of proper organizational changes.

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SCHIZOPHRENIA

1973

Notes on Origin and Control

M. D. Parrish

There is a spectrum of definition for "schizophrenia" which ranges from calling it a non-human degenerative, hereditary disease, with a life-long inevitable downhill deterioration (Krapelin) to: a necessary social role imposed upon some individuals and contributing to art, creativity, and a better self-image for the non-schizophrenic (Laing, Sheff, Szasz). The particular definition at any one time and place depends upon the contemporary social philosophies and the skills in management of all behavioral difficulties.

The spectrum viewed by the lenses of service design ranges from Origin to Management: genetic and familial transmission...family and individual biochemistry...cultural, social and psychological disturbances...epidemiology... rehab. administration, politics (including some forms of treatment as jelling agents which make the problem more chronic).

In the twin studies for the past 25 years, beginning with Kallman, there is definite statistical proof that the identical twin of a schizophrenic person is three times more likely, from his biology alone, to develop schizophrenia than is the fraternal twin of a schizophrenic. When twin studies began about 25 years ago, the differential between identical (monozygotic) twins and fraternal (dizygotic) twins was even greater than this. The differential has decreased lately, however, because of refinements in the ability to identify mono- and di-zygotic twins, and also to ingenious ways of studying twins who had no common environmental influences. Care has been taken lately that the diagnosis of schizophrenia has been made by disinterested persons who did not know what part of the study they were participating in. Change in diagnostic criteria has also affected the degree of this differential between the types of twins.

Since the 1920s the City of Copenhagen has kept good records of both the biological and adoptive families of twins adopted into different families. The twins concerned had had no contact with each other after birth, nor had their adoptive or biological families had any contact among them. Mono- and di-zygotic differentiation was made by immunologic studies upon the cells of the twins. It is such data as these which bring down the indicated influence of heredity to the factor of three.

It appears likely that there are many hereditary factors which produce a personal proclivity toward schizophrenia. These factors are most likely transmitted in the chromosomes but there is a possibility that a hereditary virus or some other factor is transmitted. There are probably many environmental factors, including chemical, social, and psychological ones, which can control or trigger the effect of the hereditary factor.

Heston differentiated the effect of hereditary factors from the effect of "double bind" and other psychological influences from the parents. Some neurotic and behavioral problems, as well as susceptibility to tuberculosis and other diseases, also seemed to develop differentially in mono- and dizygotic twins.

Characteristics of Schizophrenia as Viewed Historically

Kraepelin: "Schizophrenia" is a life-long degenerative disease, existing from birth. It is incurable.

Eugen Bleuler: A thinking disorder with distorted associations, a crippling ambivalence, and with affect dissociated from the content of thought. Delusions and hallucinations are secondary manifestations and are not especially characteristic of schizophrenia.

Jung and Adolf Meyer: The schizophrenic has an altered life style, few friends, brittle under stress.

Harry Stack Sullivan: He develops loss of self-esteem, dissatisfaction with own performance.

Arieti: Schizophrenia is a life-long defect of problem solving, a retreat from reality, from reason, and from society--with exacerbations when facing social or chemical stress.

Manfred Bleuler: In 1950, schizophrenia showed a less deteriorated course than in 1910--possibly due to better service design.

Roy Grinker, Sr.: Difficulty in problem-solving develops episodically under stress. There is decreased ability to get joy out of human contact or accomplishments.

Some schizophrenic persons are never psychotic. Many of them are particularly productive at work requiring free association. There is some evidence that families containing a schizophrenic have fewer colds, allergies, and cancer. Also, schizophrenics tend to look younger than their chronological age.

Lyman Wynn, Gregory Bateson, Jay Haley, and others, carried out studies over many years with families living in a hotel residential situation in NIMH. These families all contained a schizophrenic member. The experimenters tried to prove that the "double bind" effect for role specialization or loss of family boundaries, with vague duties and responsibilities, were productive of schizophrenia. All their work was negative. They could not prove a causal relationship between family structure or interactions and the appearance of schizophrenia.

Remember, a schizophrenic child will make a family act queer. Family queerness might just as likely be caused by schizophrenia as to be the cause of schizophrenia.

Conclusion

(1) Any good treatment for schizophrenia is a life-long treatment (though it may be intermittent). (2) Any good treatment for schizophrenia should include the immediate family of the schizophrenic. (3) Schizophrenic persons may possibly be rehabilitated into work appropriate to the schizophrenic way of thinking.

Biochemistry

Kety and Axelrod studied altered indole amines and catecholamines in schizophrenia and other mental disturbances. This chemistry was also studied by Schildkraut and Himwich in Galesburg, Illinois, and by Solomon Snyder (Archives of General Psychiatry, 27:162, August, 1972), also Stein & Wise (Science 171:1132-1136 Mar 12, 1971). Some of the indole amine effects were associated with disturbances similar to that produced by the indole-related mescaline and LSD. Catecholamine effects were related to the symptoms of poisoning by the catechol-related drug amphetamine. Phenothiazines (such as thorazine) block the effects upon the body of these biochemical disturbances. The abnormal levels of enzymes and chemicals may be raised much higher than the usual psychotogenic doses but phenothiazines can still block them.

Therapeutic Biochemical Conclusions

1. Amphetamines are very troublesome for schizophrenics. These drugs produce symptoms of acute schizophrenia.
2. A phenothiazine drug acts as if it restores a deranged nervous metabolism, and the patient should have life-long access to it. Some say he should have a constant maintenance dose.
3. Schizophrenic people should avoid barbiturates, alcohol, and minor tranquilizers because these chemicals prevent adaptational work. They simply make the schizophrenic more detached from the environmental problems without actually protecting him from malicious biochemical influences.
4. Many hyperactive children and vicious dogs are paradoxically mollified by amphetamines.
5. No mother should be openly blamed for being schizophrenogenic. There is no solid proof that mothers cause schizophrenia. Making the mother blame herself instead of working with the child and the family only produces a harder problem.

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THE ANXIETY STYLES WHICH GUIDE ECONOMIC LIFE

Matthew D. Parrish, M.D.

July 1976

This is a re-thinking and modification of the notions of Paul Tillich and David Riesman, with an attempt to fit them into modern problems of welfare economy.

ANXIETY IN THE MIDDLE AGES

Books like *Beowulf*, the *Song of Roland*, and the Norse Sagas, show that from about 800 A.D. to 1400 A.D. the people of Europe were largely concerned with survival against fate and impending death. People were always drowning at sea, being raided by Vikings, or assassinated by highwaymen. In order to fend off the anxiety produced by such terrible contingencies, the people of Europe invested heavily in religion. During the 1000's and 1100's, they built thousands of expensive and artistic churches along the pilgrimage routes to Rome, Santiago de Compostello, etc., as well as in every minor community. Tourists today marvel at how small provinces could have built the elaborate cathedrals which peppered Europe in those days. People also went on crusades. They spent long periods of time at special prayer marathons. On a local, personal level, individuals felt a responsible membership in an immortal family life which took away some of the fear of death. The society invested in deep creative thinking in the monasteries, which were not usually self-supporting, but received a lot of donations from people who hoped they would thereby get closer to Heaven. Of course, there was some danger in the deep religious thinking done in the monasteries, since it might prove that some established rituals were blasphemous, or even that God did not exist.

This heavy investment in religion drove Europe to bankruptcy. Feudal lords mortgaged or freed their holdings in order to finance crusades. Food supply decreased as more hands were taken for holy wars or for building new churches.

THE ANXIETY OF RENAISSANCE AND INDUSTRIAL EUROPE

About 1300 to 1950, people were especially concerned about self-respect. They wanted to develop their prestige and their acceptance as worthy individuals. Trades people wanted to gain through earning power what nobles had by blood. As they plotted and worked upon immediate earthly problems, these people developed fears of condemnation, guilt, and sin. They fended off most of this anxiety by a pre-occupation with commercial work and production. Working for others in order to get money to help his family built up an individual's feeling of inner righteousness. He could excuse himself for a fierce drunk or temporary back-sliding into sin. A good worker played a member-role in a productive group. This role gave him a strong personal identity and public image. (I am a wheelwright...accountant...journalist...coal miner.) Work was not usually done

for the joy of the work process itself. Work was disagreeable. Thus the individual piled up a sort of penance ahead of time for secret guilts and future sins--real or unreal. Slave traders, oil barons, steel magnates, such as Adams, Rockefeller, Carnegie, were not only hard workers but philanthropists. Such work and such philanthropy gave them more right to be cruel to their workers or unscrupulous to their business colleagues.

Deep thinking was done by Research and Development Units. Such thinking was dangerous, of course, like any deep thinking, because a new discovery might render a whole corporation obsolete. Many people would lose their jobs and, therefore, their defenses against salient guilts and fears.

States eventually drove themselves toward bankruptcy with the vast resources spent first on canals, then railroads, then roads, then elaborate communications, each rendering the prior investment obsolescent. They produced a succession of ever-higher skyscrapers and ever more elaborate military systems.

POST INDUSTRIAL ANXIETY

In the twentieth century the life of many workers had lost its meaning. The complex organization of work processes, the fine specialization and monotonization of tasks led to a feeling of emptiness in life and a lack of commitment to any important and significant masterpiece of production. Penitent work alone could not fend off this emptiness, in fact, modern job-work made life even more empty. Industry consolidated into larger corporate bodies in order to undertake grander schemes, but in so doing, it further dehumanized workers and staff, and further polluted the world.

To fend off this sort of anxiety, society often set up leaders who would provide issues to which people could commit themselves. Sometimes individuals committed themselves to the person of a leader in a sort of transference relationship. Such leaders could be politicians, like Joe McCarthy, or recreation experts like Joe Namath; or they could be syndicate godfathers, ad men, social evangelists, therapists or other service providers.

Cities and states then began to go bankrupt from spending on unproductive welfare services and fringe benefits. Since money value was seen as based on productive work, society lost out when it spent money on the TV networks and programs, Olympic games, fairs, fiestas, Disneylands, Bicentennials, Astrodomes, hospitals, prisons, and schools. The school functioned not primarily for education but for containment of youth whose lives would otherwise be meaningless and would lead them to delinquency, such as theft, sex, drugs, violence, and other temporarily meaningful thrills and commitments.

Research supported by government grants often searched out how to improve the quality of life. It concerned itself with psychology, gourmet food, eradication of disease and pollution, alleviation of pain, improvement of sex life, ways to realize individual potential, or to be a stylishly "effective parent." The danger was that research would reveal that much expensive medical work was non-effective, or that certain profitable and interesting recreations, foods, or drugs were dangerous and must be eliminated. A new form of entertainment might even be worked out which was more attractive than movies or TV. Whole institutions might then rapidly die out, and people would face their emptiness and apathy with no stimulating rescue from outside.

Modern people lost any fear of Hell, or of being the last of a family line, or of learning nothing in school, or of having no job. The Universal State took care of all that. The great cities, the great corporations, the sometimes money-hungry churches and universities promoted the citizen's autonomous isolation as a unique individual. Tuned up now to be spontaneous and self-deciding, he so found he must face death all along, not as a team member in highly productive expiatory work, nor as a member of an immortal family line, nor as a part of a divinely blessed church. The emergent fear of fate and death began to put the citizen back into the medieval anxiety concerning survival itself. Thus we may come full circle.

COMPARISON WITH "THE LONELY CROWD"

In David Riesman's book *The Lonely Crowd*, one can find some relation between the medieval type of anxiety and the book's "tradition-directed" person. Such persons followed the trades, beliefs, and attitudes of their ancestors. A peasant's son was a peasant; a sailor's son was a sailor; a Catholic's son was a Catholic. Everyone knew his place. Everyone knew exactly what to do every day of the week, and practically every hour of the day--without "management" or calculated organization. The citizen of the commercial era, with his work ethic, is reminiscent of Riesman's "inner-directed" person who is guided by his own formulation of moral values and by his own need for self-respect. This need can be tapped by corporations to organize persons into roles and specialties.

Post-industrial persons are reminiscent of Riesman's "other-directed" man who keeps changing his own meaningfulness and his own interests in tune with the changing opinions and tastes he perceives in his peers.

If, now, society moves toward the development of a universal state or a universal church, some ritualistic "traditions" may be forced upon the individual by these vastly organized and powerful institutions. We may develop a medieval attitude where no one questions the head of the traditional church world or the state world but within those given worlds, a person gets his daily satisfactions from family, small cliques, guilds, or "mafias."

THE COMPONENTS OF WEALTH

It would seem that wealth has always been derived from four components: (1) material resources, such as land, slaves, or an array of devoted servants; (2) energy resources, such as coal, oil, strong servants; (3) intellectual resources, such as a good education, libraries, research institutes, and intelligent servants; (4) emotional resources, such as aggressiveness, daring, paranoid energy, intense curiosity, etc. In spite of the simultaneous need of all four such resources, various ages and centuries have emphasized one resource rather than the others. Medieval people usually emphasized material goods such as land and gold. Many kings and nobles could not even read or write, and some were rather stupid and apathetic.

At other times, it has become clear that unless a nation had the fuel to move its machinery, it could not develop itself nor wage war. Hence, the attempt to relieve Germany of its oil supplies during World War II. At other times it becomes clear that if a nation or other organization has the intellect to create a steam engine or an atom bomb before anyone else, it will soon command all the material and energy it wants. On the other hand, without the curiosity or the

emotional drive to do the necessary intellectual work, no group will develop any invention or discovery. The Huns, under Attila, or the Mongols under Genghis Khan, had few resources except their emotional energy. Emotional commitment for good or bad was perhaps the greatest asset of Japan and of Germany in World War II.

Even if post-industrial man gains some control over fate, avoids moral guilt and provides some exciting new style of living, he may still fade away if he goes soft and apathetic in his peacefully regulated world, and some pre-industrial peoples exercising their highly emotional curiosity, verve, daring and vigor may inherit the earth.

IMPLICATIONS FOR MEDICAL SERVICES

Suppose that medieval man had calculated the cost of his religious crusades, building programs, and devotion marathons, would he not have seen that he would eventually run out of materials and energy to support them? Suppose industrial man had calculated the extent of the minerals to be exploited, the air, ground, and sea to be used as waste dumps, and the land area to be cultivated, would he not predict that some day his expanding economy would have to end? Suppose that service-oriented man calculated the vast number of teeth that needed to be straightened, diseases that needed to be cured, and children who needed really good educations, would he not find his time and his material resources too limited to serve all these people equally, and well?

If we invest in intellect--in research--we may find ways to accomplish more than we can now predict. Nevertheless, it seems that styles of thinking progress outside of our control. Organizational anxieties change, and the newer anxieties need to be fended off or staunchly accepted and lived with. Whether we will ever attain our service goals depends on whether the people want to commit a world of emotional energy to the projects and whether that energy can be maintained in the face of changing anxieties and needs--new wars, new religions, new discoveries, new populations coming to power....

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THE CHANGING CONCEPT OF SELF

M. D. Parrish

The Self Anchored to a Wave in the Social Sea

Many sensitive modern artists and literary figures have portrayed a changed view of man - a change largely unnoticed by the average modern man. In Hardy's The Return of the Native, the most influential character is the environment itself. In Kafka's The Trial, a man is put on trial for some horrible crime, but is not told what the crime is, and he is unaware that he has committed any crime. Nevertheless, he is made to feel guilty. In the ultra-modern writings of Sartre, Samuel Beckett, Camus, Ionesco and Robbe-Grillet, the characters interact with each other at great length, but they are faceless; they have no qualities of their own. Bartok and many other composers produce pieces of music which are never anchored in any key. Matisse, Picasso, and other painters produce images which seem to represent people, but which have no perspective and thus the figures do not assume any particular position in space relative to the viewer. They are essentially decorations of a particular piece of canvas. George Segal's sculptures are representations of people carrying on the daily chores of living, but they are all completely bound up in plaster casts. The viewer may want to say "I know you're in there Charlie!". Robert Musil, in The Man Without Qualities presented the individual purely as a bureaucratic role player who pivoted his behavior no longer within himself - no longer with any constancy of character - but within the immediately present relations between him and another person or thing.

What caused this shift of the center of personal leverage? Industrial work brought a division of labor - a specialization - among workers so that a man could only employ and develop a part of his ability. Some men concentrated on developing skill with tools. They came to see and think in mechanic's language. They developed specific interests, specific knowledge, specific muscles. Some others concentrated on skills with handling papers and writing, but even the large vocabulary they developed was a special language in itself. People identified themselves with the kind of work they did, but when their work became narrow and specialized, their personalities also became narrow and specialized. In older days, a man might say "Who am I? I am a farmer.... A nobleman....A teacher of children....A shoemaker". Later, when jobs became specialized, the man would say "Who am I? I am a Volkswagen mechanic....a sewing machine operator... a fifth grade math teacher".

Thus, the dividing up of various job functions in bureaucracy and industry allowed the exercise of only a narrow part of a person's natural, biological functioning or of his traditional social function. The individual could not cultivate within himself a simple self-meaning which would be significant and useful in all aspects of his life. He has one significance in his family group; another in his work group; another in his play group. If he got sick, the hospital would try to force him into a standard patient role. For instance, a hospital would as far as possible, treat all appendicitis in accordance with a standard routine -- deviating only to manage "complications". Thus the hospital acted as a sort of production

line--much as modern schools do. Some persons of course, try to tell themselves they belong honestly to only one group. They conceive of family, work, neighborhood, etc. as all one group. For if they speak different specialty languages in different groups, if they think differently and feel differently, they may appear, even to themselves, as different persons. But even if there were only one group, that group would change with time. The individual could have no fixed meaning nor character. His meaning and work, as a person, would automatically change as the group changed its values. Even his worth to himself would change. Put an innocent man in prison, and he develops a different opinion of himself than he had as a free man; keep a well man in a hospital bed, and

The tragedy of modern man is that he must act as driven to act by his job, by fateful social coercion, and by law. And yet, society expects him to retain his individual responsibility for those acts and will punish him later at his Nuremberg. For instance, a physician may have to decide today that an abortion must be performed for the good of the mother's individuality or a race's economics and genetics. Tomorrow, this decision may no longer be in style; it may be considered murder. To be an ethical person and work hard for today's ideals is often equivalent to committing tomorrow's crimes. Consequently, no unchanging self can be permanently good. As society changes, the goodness of the self changes. People tailor their consciences to the current opinion of the majority.

Romantic Individualism

"Individualism" is a personality style which only maintains itself in a certain manner and for a few centuries at a time, before it either dies or passes on to a quite different kind of personality. In classical Greece, an assertive, manly nobility of soul was popular--a grand soul which condescended to slaves and women. In renaissance Italy, honor was bestowed upon a creative, versatile, and highly manipulative type of personality, which again was found almost exclusively in men. In the 1800s, a romantic sort of individualism, which included many women became particularly stylish. This kind of individual was in fashion between the bourgeois and the proletariat revolutions--that is, between the French and the American revolutions (bourgeois) on the one hand, and the Russian and World War I innovations (proletariat) on the other. The bourgeois revolutions established the rule of middle class ethics; the proletariat revolutions, however, undermined the "proud tower"⁷ of upper middle class elitism. In other words, the modern individualist style of life was in fashion between the era of strict classical rules found in the Ancien Régime and the era of the other-directed³ conformity in modern collectivism. This age between the revolutions created the romantic individual self as a counter to the social abuses of the Ancien Régime and the Enlightenment. The problem is that revolutions stimulated by needs within a certain kind of self nearly always eliminate that very self.

The accompanying chart may help to keep the types of individualism within their proper century. It shows that the pre-Enlightenment or Renaissance times produced selves like Michelangelo, Montaigne, Rabelais, Cervantes, and Shakespeare--wide ranging in their curiosity and their free explorations. The Enlightenment, however, eliminated this Renaissance individual in favor of one who adhered to hard-work Calvinism. In the upper classes, this work attitude was often polished over by the affected refinement of Preciosité. Significant characters were Descartes, Spinoza, Racine, Locke, and Newton.

Victorian romanticism (the romanticism after the French Revolution) produced individualism at the expense of personal lies and double lives.^b This age was characterized by surreptitious sexual liaisons, an aloof condescending distinction between the upper class and the lower, anti-Semitism, black slaves, the Dreyfus Case; an elite based upon human machine-slaves. The elite was privileged to practice activities which were crimes for the masses (tax evasion, prohibition whiskey, vagrancy). The exploitative "robber barons" made Marx possible. Today, Marx still appeals to some because he provides popular support for a hostility against the idea of the barons of the Victorian age. In the West, these barons are largely replaced by people who have the same sensitivities and resentments as the masses. They exploit their own class, their own brothers, and are able to do this only temporarily. They may imitate the old nobility by social rituals which exclude the "ordinary people" and set up the elite as a cooperative group. But, if a business or professional catastrophe breaks up this group, it cannot maintain itself as a diaspora, for it has no feeling for the occult bond of blood.

The Enlightenment, including the Ancien Régime had emphasized the grand truth and the power in external things--ships, telescopes, money--which overshadowed the individual and put him off as a satellite to technical advance. This external power of materials and techniques was furthered by Copernicus, Newton, Darwin, Freud, and Spengler as time went on. The internal things--the things of the mind--eventually collected against this tendency and produced a new kind of self. Thus, Schopenhauer could say, the world was only his idea of the world--it was the creation of his own will. The extreme of romantic freedom eventually became the uncoupling of the relationship of self with other selves--producing the lonely Faust-like person.

Adam Smith's type of proprietary laissez faire (1776) had allowed the most clever, ruthless, energetic, or lucky to reach peaks of power and wealth as the surviving "fittest". Many romantics of the 1800's felt their historical duty was to extend the franchise (e.g., to women and blacks) so that all could participate in the illusion of democracy, which the highly competitive laissez faire economy had already corrupted. Once a man got ahead of his competitors, he had a good chance to keep himself permanently in power. Liberals in the 1800's wanted freedom (an uncontrolled individuality) and utilitarianism (the greatest good for the greatest number). Yet, these two desires were often incompatible. The liberal promise was for freedom of the self, the liberal program was for welfare of society as a whole -- "Help those poor devils, for the will never be like us".

Democratic freedom of the individual eventually became collective mediocrity. John Stuart Mill^c wanted each man to be free. He held that rights are private and that duty is public, and that if each man earnestly followed his own interests, he would improve the general social welfare. Each man could act in his own unique way, for in the total society, others unique in their own way would balance him off.

Liberalism, however, demanded a minimizing of the self and of individual power, lest corruption and arrogance bring harm to many. Accordingly, 19th Century liberalism did not sufficiently safeguard

the individual against intrusion. (This job was left to 20th Century existentialism.) Finally, middle class liberalism became a middle class organization, which included the American Constitution and courts. People preferred to give up freedom in order to insure equality.. "If this guy is free to express his full potential, he will get ahead of me; therefore, I want to be equal to him!" Eventually the self in government and business came to have only statistical significance. A personal act was significant only when it fit into a social graph. This led A. N. Whitehead to say that (1) man is a self-determining organism, and yet (2) there are deterministic laws governing him. The romantic search for individual freedom against God and kings eventually became the existential search for individual authenticity against the "others"--against the individual's merging into the person-to-person bond itself. This early existential self sat in contrast to a banal majority. Thus the self was still considered elite.

In Europe and the Middle East, during many centuries, almost every group strove to become a "chosen people". People outside the group were "not as good as us". Among the existentialists the individual often departed from his group and went off by himself with his exclusiveness and his elitism. He felt the same autonomy and distinction for his ego that the elite had once felt for their social class. On the other hand, since 1900, penetrating thinkers had shown man had no meaning and no existence except in a field of social personality-forces. Only in dialectics with another person did the self become affirmed and develop meaning. Among such thinkers were George H. Mead, Harry Stack Sullivan, Edward Sapir, David Riesman, and Abraham Maslow.

Some existentialists considered that Sein, or being, was the concept of the self as persisting over prolonged time. It was similar to a Platonic idea, like justice, femininity, or blueness, which existed forever in a realm of its own. Dasein, or "to be there", consisted in existing moment by moment. Such existence was contingent on the interaction with the "other". Dasein was a creative dialectical interaction. It produced for the moment an awakening into an intellectual self-existence. For instance, the Freudian attempt to rescue individuality from collective mediocrity maintained that sexual interaction produced stronger emotional existence of self for the moment. In any case, no one had possession of Sein or Dasein. A person only had the use of them.

Romantic freedom, then, was a mode of alienating the permanently independent self from society. Existential freedom, on the other hand, developed into a mode of momentarily creating on the self an expression of individual effectiveness by an engagement--an ever changing manner of joining with others, not alienating from them. Continual shifting of one's social bonds from one commitment to another can, of course, become a mode of alienation--of escape from close interaction--but this was not the kind of changing desired. Rather, the existentialists wanted a creative changing of relationships which occurred because of the very closeness of the interaction with others.

Romantic individualism, then, was a delusion useful for Victorian times. Existential freedom of self was a delusion useful for the

20th Century. Both delusions are still usable, still valuable. For instance, in the early 1800s, Stendahl's Julian Sorel tried to affirm and assert himself by playing a series of different heroic roles (military, clergy, etc.), but each role was an attempt at maintaining the delusion of romantic freedom of self, of individualism. He wondered which romantic self was the most "me" or the most fulfilling of my ideal of me. Sorel wanted a self that was timeless and absolute, and not a self that depended on its engagement with the world of people and things.

Goethe's romantic Faust wanted a self which could profoundly affect the world of people and things but would remain unchanged and eternal in its own personal qualities and in its own view of the world. He did not want to lose that self to the Devil.. Would Faust lose to the Devil his control of an eternal and unchanging self or would he lose the whole delusion of self as eternal and go on to develop a self merged with the things in Hell? Would he retain his selfness only by interaction with those hellish things in some way similar to the child who moves to a bad neighborhood and picks up a bad self in the interaction with the other selves of that neighborhood?

Remember, that in those days (the 1820's), paintings were still elaborately framed away from the viewer's own world. The painting was a play of glints, sheens, and shadows, distantly visible, not touchable. The viewer was untouched, unincluded in the pictures. The pictures were painted in perspective, so that the viewer knew exactly where he stood--eyes level with the horizon and just so many feet ahead of the foreground figures.

At the end of his life, Faust saved the situation (but not his old self) by working altruistically for others (thus losing his old point of view). But, how does he work? He works by producing goods and services (as if he were participating in 19th Century economics), not by interacting with others as different-but-equal, certainly not by merging his identity with others.

Technical man, a bit less self-contained, is a specialist and expert. He belongs to an association of similar experts. The specialist feels expertly aloof from laymen or from other specialists, and especially aloof from his own clients. He is like the actor who is aloof from his "unappreciative" audience and really has little respect for it, even though his living depends upon that audience.

The specialist usually cooperates in an interdisciplinary manner with men of other specialties, but he mistrusts the "dabblers" who have generalist interests and skills. No sociology department, for instance, is likely to let an LL.B. teach sociology. No psychology department is likely to let an M.D. teach psychology. No state will let a physiologist or pharmacist practice some medical specialty.

Freud, relatively aloof from patients, knew he was like his patients even though he could seldom afford to admit it. He provided criticism of famous minds (Moses, Michelangelo, Leonardo, etc.) and also criticized his own mind (slips of the tongue, humor, dreams, etc.), though his tender self-image would allow no one else to criticize his image. His self-image was tender because in his times he had to play the role of professor or else abdicate. His society demanded it of him. Even though Freud could not stop being professor long

enough to critique himself as thoroughly as he was able, he still opened a new way for a questioning of individual and social motives. He saw unconscious motives--Pascal's reasons the heart has which the reason knows nothing about.

Is a person's conformity to social mores really his own genuine self's commitment, or is it only a gesture without a distinct self behind it? Is he normal or does he only behave normally? Does he need psychotherapy to be sure that he is normal? Does he need to examine himself with the aid of an expert? In the 20th Century, normal behavior is taken to mean normality of self. Satre: "I am my behavior." Behaviorists: "We don't know if there is such a thing as thinking and feeling.. We can observe only behavior--not thoughts nor emotions." Many psychiatrists discovered so much pathology of thought in normal or mildly disturbed behaviors, that deviant thought itself could no longer be a good criterion for abnormality. For instance, Kepler clung with unreasonable tenacity to the idea that the planetary orbits had to be proportional to inscribed nested polyhedra. Newton maintained a mystic view of God.

Henri Bergson thought that any fixed contour imputed to the self was an artifact. The authentic self could only be lived, not thought. It could not be thought even in a socratic dialogue. The dialogue was its own life and self. It did not produce any self outside the dialogue. The only self that we can discuss turns out to be an impersonal self. After 2500 years we can translate Lao Tzu thus: "The thinkable thought is not the eternal thought. The namable self is the mother of the three billion persons."

Literature of the New Modern Selves

Montaigne, even in the 16th Century, illustrated in his essays the diversity of his own very personal self.

In the 19th Century literature, Dostoevski's Mishkin was a mixture of saint and sinner, idiot and savant.

Proust felt that the self lived amid a stream of inward experience. It lived in emotional time and not in clock time. Proust explored the interfaces among things and between selves and things.

Herman Hesse in Steppenwolf felt that the modern self is a collection of conflicting selves or units of personality that produced a sort of schizoid individual.

Lawrence Durrell in his Alexandria Quartet felt with Freud that there are four persons involved in every sexual act--each partner acts and thinks from the platform of his concept of his self, and towards his concept of the other self. Therefore, passion does not give direction, unity, and purpose to life--not even to the life of the encounter. Love does not give coherence to the modern self. Nobody (in Alexandria) has a fixed personality but only a changing relationship with others as contacts permute.

Anti-drama brought out new kinds of selves or sometimes the absence of selves--e.g., Alfred Jerry: Ubu Roi; Strindberg: Dream People;

Pirandello: It Is So If You Think So. Some novels tended to do the same thing, perhaps more tactfully--e.g., Sterne: Tristram Shandy; Flaubert: Bouvard et Pécuchet, and Sentimental Education. Eventually the self was presented as a stream of consciousness-- first well formed by Eduard Dujardin: Les Lauriers sont Coupés (1887), then perfected and popularized by James Joyce: Ulysses and Finnegan's Wake.

Thomas Hardy in Jude The Obscure showed a savage hostility against men as selves and against the laws of nature. A child hangs his young brothers and himself because his mother said the children are in the way. Jude was always torn apart by women and the law. He had two selves, a drunkard self and an education-seeking self.

T. S. Eliot felt that a poet in his verse must escape from his personality, not exploit his personality.

Economics and Science

Fromm in Escape from Freedom felt that our marketing orientation alienated us from ourselves. Marriage, for instance, was a marketing operation. The individual identified himself with his economic role. Everyone was a salable commodity. Consumers were tradable among the sellers. "You have a franchise for bus transportation of the people of Springfield." "Acme Vacuum Cleaner Company gives you the exclusive right to these citizens of Northwestern Chicago as your market."

David Riesman in The Lonely Crowd spoke of "other-directed" men who changed their selves with the changing times. In fact, their selves were continuously regulated by their "radar" perception of the social world through which they were moving. A particular self or a particular character structure, then, might come to be considered simply one point in the continuity of infinite points which make up a life of interactions.

Just as the economic strength of the United States depends on "growth economy", not on a stable pattern of trading and production, so the individual's life depends on his seeking of status, of promotions, of more and more knowledge and skill. Life does not depend upon one's present position. The best of life always seems to lie in the future, and in effect, everyone is aiming at becoming younger, more beautiful and vivacious.

We do not really need most of what we consume. Our consumer desires are introduced into us by advertisements and the changing styles of the way we love, ignore, or hate people and things. The desires are introduced into us by our current art, literature, movies, news, etc. But men's ways of thinking were always introduced into them by the ambient culture--even in Greece. Modern man has more than a new kind of self. He has a different view of all selves that ever were. He decides that no one was ever really independent, that all selves were delusions, including, of course, today's self.

Philosophy

Changing selves may be seen as entropic--as leveling out to a sameness of existence--for selves become clichés and platitudes. There are few surprises in them. They become less wondrous, more

regularized, and merge back into the random interactions of society from which they were originally derived. Entropy sees the future as a flow of time which brings more and more chaos or disorder.

In modern times, however, we can conceive of a new sort of thinking which does not involve a self and thus, we may make a leap from the leveled-out concept of the entropic self to a new form of human creativity, human imagination, human emotionality. It is like the birth of a new star in the midst of a running-down universe. It will help us first to look at some of the changing concepts in the philosophy of science.

Ernst Mach in the 1890s thought that the idea of cause and effect was an intrusion of the human mind into the domain of nature. We imputed cause and effect to nature because we needed nature to have it. Even the idea of force was an anthropomorphic one and fit the sort of effort experienced by human muscle or will. Therefore, a new Occam's Razor should shave away every concept not needed to deal with the observations. This would mean erasing from our formulations such concepts as "how", "because", "in order to", "although", and "when"....

Sir Isaac Newton set up a universal law (gravity) for nature to follow. It was, of course, mathematically expressed, for in the Age of Enlightenment, mathematics was considered to underlie all phenomena. God was a mathematician. Newton, in accord with the custom of his science, extended the operations of his own mind to the universe. He even described the force of gravity as the same sort of pulling force his muscles exercised. He could never see gravity as a mere condition of space itself--as Einstein did.

The study of psychology and anthropology should help us to get beyond these projections of man's own powers onto the workings of nature. But such study is often caught up in the same problem. During the 1800s, force was such a reality--such a universal concept or delusion--that scientists conceived of a force of survival of the fittest, a force of leadership by heroes, or a force of instincts. Carlyle, about 1870, thought there was a world urge expressed in the acts of great heroes.

The romantic hero of Carlyle had an unconditioned will. It was not subject to the forces explicated by Pavlov and Skinner. Will was simply a force of unknown origin, as if from God or from the genius in the hero. This genius within the romantic hero was an unexplained, unknowable genius and probably related to a race of geniuses in the realm of idea--as the races of dead people in Elysium. This feeling for "genius" was evolved from medieval thought which held that God's grace directed man's desires toward beautiful goals. The desires of men merely carried out the divine providence. There was no "substance" except God. Only God had an unchanging "self". Enlightenment times planted this substantial genius in each individual man, thus leading to Carlyle's opinions.

About the same time as Carlyle, Tolstoi² said that a historical event occurs not because of some individual's calculations, but because of the ebbs, flows, and confluences of many thoughts which constitute a sort of group management. Tolstoi planted the genius in peoples and groups.

In the 1920's, Percy Bridgeman, in The Way Things Are, felt that operationalism was similar to existential logic. Science was simply what scientists do in experiments. Science did not dwell in the realm of the absolute Platonic ideas. But the fact that no experiment was exactly repeatable implied there were no exact general laws in science. In The Logic of Modern Physics (1927), Bridgeman went back to pure empiricism and felt that a concept was no more than the operations a physicist goes through. Thus, the concept of length was the operation of measuring with a ruler. Concepts of length derived from vision were different from those derived from touch because the experimental conditions were different.

Thomas Kuhn, in The Structure of Scientific Revolutions (1962) showed that science consists of a constant reweaving of data and concepts about nature--reweaving by a group of specialists who have developed a common language with each other. Within the grammar of their conceptual language they further articulate and polish up the fundamental paradigms or sets of assumptions under which they work. Thus astronomers, by more and more precise observations, might polish up the grand concept of Ptolemaic astronomy which held that the heavenly bodies all revolved around the earth. Eventually, however, the increasing pile of data would begin to cast doubts upon the very paradigm it was helping to develop. Suddenly a revolution would occur. A completely new paradigm would be conceived. Copernicus and Galileo, for instance, would assume that the earth turned, that it moved around the sun, etc. This scientific revolution usually occurred in fragmented pieces in the minds of several men at once. It was anti-entropic, like the birth of a new star. A smooth, nicely leveled-out and well understood theory was suddenly replaced at the leading edge of the mind of this scientific discipline--replaced by a new concept with many rough edges yet to be worked out, a concept not necessarily more useful than the old, but pregnant with better promise for future development.

The Post-Romantic Man and the Post-Organization Man

Romantic man thought he could create a world out of his own will and idea--as Schopenhauer thought.

T. S. Eliot's Prufrock is an organization man. There is a timorous and heavily camouflaged self within him. The organization man still believes he has a self. He tries to find it on the psychoanalytic couch. He feels he must totally adapt in an age of total togetherness--an age of total permutative access among individuals. But this adjustment is so total that there is no longer any self to adjust. That is, the older definition of self has changed. This corporate mind colonizes individuals. An institution's staff looks on laymen as a market or a clientele, but each individual on this staff is a part of some clientele. One individual gets even with another by developing a personal profession which allows him to "clientize" the other individual; e.g., a doctor can "clientize" a sick being.

Post-organization man does not assume he has a self. General DeGaulle sometimes thought as a post-organization man. DeGaulle

thought he was ~~rance~~. The post-organization individual is greater than the group. He includes within himself all the roles of every group in which he is an operating member. He usually plays one role, but he can only play it well because he understands and feels all the roles of that group. Since the individual includes within himself many groups, he is not a single continuously integrated self.

This inclusiveness is quite different from attributing a muscle-like pull to "tidal forces" of gravity. Post-organization man does not project his own qualities onto the outside world. He builds a "self" from the qualities of his society. He combines into himself, to some degree, each of the roles which are active in his member group. If he is a member of two different groups, then each group builds within him a different set of roles, habits, and other qualities.

In developing themselves into post-organization persons, women have an advantage over men, for most women are not so specialized as men. They do not stake their lives upon a single job career. Up to now, a woman's career has usually been the variegated life of homemaking, neighborhood intrigue, part-time jobs, and the making and breaking of symbioses with young children. Like Chekov's Darling, these women are ready to understudy many different kinds of specialized men--to imbibe their language, their ambitions, and some of their skills. As a commodity in a marriage market, the young woman must be prepared to adapt to many possible kinds of life. She must be able to dance to the lead of many different kinds of men, be they more or less intelligent or well bred than she. More easily than men, therefore, the women of our day develop the generalist breadth of interest and of life operations demanded by the post-organization world.

In their necessity to study the feelings and the potentialities of other people with whom they may have to live, handicapped persons are like women. With regard to the dominant majority which has controlled the world of Western economics up to now, the minority groups have advantages similar to women. The blacks, the ethnic groups, the off-brand religions, if they are to progress in the present world, must understudy many ways of life, many prejudices. They must develop generalist understanding and generalist skills.

With regard to the national superpowers of the First and Third Worlds-- anti-Communist and non-Communist orbits--the developing countries of the Third World have advantages similar to women as they face the post-organization man in the post-industrial world. They feel the need to study the ways of the dominant nations--to adapt and to out do. All Koreans study English. Few Americans can be bothered with Korean.

Samuel Becket and Nathalie Sarraute, as post-organization thinkers, went beyond interpersonal psychology. For them, an adjustable self did not exist. The individual, having increased his psychological entropy--his personal monotony--spoke in a wholly expected way--as generals and politicians speak in their social conversations. There were no mystic and unknowable depths of soul in an individual. If we didn't see where an idea or emotion originated in a person it was only because we didn't know enough about him. Without any hidden depths of soul the individual could only survive if he did not rock the boat--that is, if there were no surprises. Surprises would require a great expenditure of energy for maintaining the delusion

of individual self. The post-organization man usually did not have the kind of religion which could maintain his feeling of soul nor his certainty of self-perception nor his value in the world. His society could not help him to a soul. He relied on the appearance of events and felt that observation was more revealing than explanation. His education often gave him an experience but not an explanation of the experience. His elementary education was society's attempt to build a self in him which would be useful to the total economics of his society. It first made him a useful consumer, then a useful producer. His higher education was often a conjoint individual and social effort to rehabilitate him after his--often chemically aided--cop-out from such a self construction.

Sarraute's characters are intensely perceived, but they are indefinite and ever changing because their natures change as their social field changes. Progress that brings us a new social world brings us also a new individual, but the post-industrial world brings not a new individual who remains stable for a lifetime; rather, it brings an individual who changes and shifts his identity, his interests, his skills, and his commitments as months go on and his world so rapidly alters.

Traditional politicians and managers are having a hard time today because they come into office with definite fixed objectives and with promises that they will perform certain works. As they begin to carry out their office, they find that the needs of the very groups who supported them are rapidly changing. The old objectives are no longer relevant. Society deals out new cards before the old hands have been played. Unless he is something of a "changeable woman", the politician or the manager may lose out to others who have less fixed commitments to any definite goals, or to any static set of ideals and morals.

The modern individual uses all his energy merely to maintain his set of behaviors. He is always inspecting his personal fences and altering them in careful response to his social radar. The anxiety arising from this manner of living sometimes leads him to make abortive attempts to avoid surprises or much "boat-rocking". Trying to hold onto his cultural parts, he may encapsulate and hold tenaciously to a religion or to a fixed notion of personal individuality as a base to stand on. He can then handle surprises because they do not affect that private base he has--unless they destroy his religion or his notion of individuality.

The modern individual's detachment from his work and life, as if he were playing a game, often allows him to play many different game without getting hurt internally. He is thus able to think and act as if he had no fixed soul nor fixed religion nor culture. He is able to become rhetorically flexible and creative in his approach to problems. When he moves into this realm of the post-organization man; however, he loses the middle class proclivity to see everything as a problem, or else as not worth bothering with. He feels himself as a sap within the flow of social action. He contributes to programs and events by the way he lives his life within them, not by manipulating them from a distance.

Existentialism, following Kierkegaard, emphasized the real life

which was left over after the romantic illusion of the hero-self had been cleared away. But Goedel, Skinner, and Becket were beyond existentialism--they emptied the self.

The Self in the Mental Health Services

Similarly, Hansell's managing emergency psychiatric admissions, looked beneath the crisis plumage of the individual patient--beneath the dramatic agitation, pain, or depression which stereotyped the individual as just another body admittable to sanctuary. He looked beneath all this, to encounter the unique human person facing him. He uncovered the existential reality of that person. But Hansell did not intervene merely with this sacred existential self; rather, he involved himself with the total system of which that sacred patient was a member. He extended the mental health service into the family, the neighborhood, the industry, in such a way that these systems became a part of the patient and the patient a part of them. Members of all the systems were held to a human responsibility as part of the initial "admitting" process for that patient. Instead of taking the patient into sanctuary, and thus isolating him from the background which gave meaning to his person, Hansell moved to convene a group which could accept the patient more or less permanently as a useful and concerned member.

Hansell's approach to mental health problems seems to parallel Collingwood's view of history. Collingwood derided Tacitus for assuming that since the Emperor Tiberius displayed bad behavior in later life he must have had a bad, but hypocritical, character in early life. It is easy for Collingwood to believe that the stresses of empire and the changing expectations coercing an emperor brought a new quality of imperial behavior just as if Tiberius had actually changed his underlying character as a person. But this conclusion is easy for Collingwood because he does not live in Rome where everyone would expect everyone else to believe that a person's character was fixed and unchanging. A person good by nature could not become bad. He must have been bad all along. In Rome, then true rehabilitation would have been impossible. For, if a bad behaving man later developed a good behavior, it could only be a form of hypocrisy. In Collingwood's day, this concept of a fixed substantialistic self had faded out--one could be rehabilitated or religiously converted into a person of a different character. To effect rehabilitation, Hansell organized the same interlocking social expectations which coerced Tacitus and Collingwood to their respective assumptions about character.

Men are now able to see unique facts and to accept them as life without generalizing them into law. A natural law is a defense against anxiety. It provides a security by fitting observations into traditional and predictable patterns. Similarly, a statute law provides security by fitting social behavior into traditional and predictable patterns. Consequently, those individuals of today who understand traditional principles without being enslaved to them are less afraid to face the fierce unknowns of the world. Such a person may not himself understand all the thought of St. Thomas, Hume, Kant, Nietzsche, Russell, etc. which preceded him, but he has faith in other individuals who understand these things for him. He may, for instance, be unable to prove calculus rigorously. He only knows intuitive proof, but he goes on employing calculus in his work as an engineer. He may actually be more

creative than those who understand calculus better. He is released from having to worry about all the past philosophical hang-ups.

Logic and Mathematics

After the romantic age, chance became our god. By means of chance we explained how individual particles behave. Cause and effect became computable only when dealing with large numbers. In the life insurance business we could make accurate predictions as long as we made them about large numbers of people. When dealing with individuals, we called our calculations probabilities. We measured and predicted steam pressure very accurately when we were talking about trillions of water particles in a cylinder, but the motions of an individual particle were indeterminate except in terms of very loose probability.

It seemed to post-organization man that each individual and each atom had subjective certainty of belief--that his actions were (1) by his own free will, or else (2) by chance, or else (3) fated by some unknown outside force (superstition). But the more comprehensive organism (such as, the nation or the sea wave) which included that individual particle felt in its own "mind" that it could predict or control its own behavior, and thus control the individual or atom which was part of it. This was true for a life insurance company, a big corporation, or for a growing self, but post-organization man himself felt he pervaded the society as the gravitational field pervaded the universe. He did not belong to an organization nor to a specialized life nor to a soul competitive and separate from other souls. Like modern "published art" the modern individual can be broadcast to the universe. Sensing space-time, he senses himself pulsing with the rhythm of information flow, his life is Brahma's Dance--dancing out the activity and the existence of his universe.

If too small a part of the whole is examined, that part's action or course is unpredictable. Yet the whole follows a beautiful predictable law. Similarly, Aristotle in his Poetics felt that an object could not be beautiful if it was too big because then one could only see a sordid and unpredictable part of it--for instance, a woman as big as a mountain would not be beautiful.

Stéphane Lupasco in Logic and Contradiction (1947) maintained that a logic of antagonism (of dynamic contraries) made up life, made tragedy and comedy, and indeed, allowed romanticism to exist. The well-known Aristotelian logic was static. It was true but not factual. Aristotelian logic was bi-polar. It was a true-false logic, similar to good-bad ethics. It maintained that if anything was consistent with itself it was true. Thus, Polonius could say, "To thine own self be true, and... thou canst not then be false to any man." The old logic did not worry about dealing with experience. Experience was contaminating. Clear knowledge was obtained by ignoring some sensations and experiences. This way of organizing experience decreased the realm of knowledge, but made it very clear. Today we feel that some mathematics is undecidable. It cannot be proved or disproved and it may contain contradictions. For instance,

one Texan may say that all Texans are liars. Since that makes him a liar, too, all Texans are not liars, or are they? Any measuring device belongs to the system of measuring-physics. Consequently it cannot measure the validity of physics itself. Niels Bohr, in his principle of complementarity, accepted both terms of contradiction. Thus, light could be a wave without being a particle, and yet the same light could also be a particle without being a wave.

The logic of causality in the 1800s forced an unwarranted coherence and necessity upon experience. That logic subdued the universe to the categories of the mind. Kant did just this.

Marxist dialectic brought out the unity of opposites, but it was also extremely theoretical and abstractly schematic. Existential dialectic was directed at the single case and the exception, and not just at general principles. Consequently, it superceded Marx.

Wiggenstein felt that contradictions were inherent in facts.

Whitehead felt that reality was simply the frequent recurrence of some appearances.

Ionesco's uncertainty-psychology made it impossible to have plots, motivations, actions, or good-and-bad, or tragic-and-comic plays.

Painting--Romantic and Modern

Sypher shows the transformations of self reviewed above are evident in the painting of the last two or three centuries. Romantic painting repudiated the "official" academic formulae of Enlightenment times which had stood between the painter and his own impression of things. The romantic painter imposed himself upon his world. He strove to express more than could be stated with brush or with words.

Delacroix, in his Journal (1824), said that the things most real to him were the illusions he created in his paintings. Everything else was quicksand. To him, the entire romantic concept of self was useful even if an illusion. The academic Enlightenment self was quicksand. It was too rigidly molded by laws and formulae.

Great painting is mostly for the artist himself. He dreams his dreams. He makes the world he needs to see. He communicates not to individuals but to a new world which he hopes will include you and me, or at least, parts of us. Great art, then, is not a communication between the artist and the present-day viewer.

Goya and Daumier assumed that rotting bodies and stolid suffering peasants were a part of the world the artists lived in. The artists were not in their heart aloof from that world, though they associated sometimes with an upper middle class that was aloof from it.

Romantic painting was anti-Copernican. Man was at the center of the world and was more involved in the world than the Enlightenment elites had been, but still, the romantic artist was chosen out ("elited") from that world more than the cooler 20th Century artists were. The cooler individuals did, retain an ability to suffer as a part of nature and to understand nature without trying to avoid it. The romantic painter, however, remained imperious. He subdued nature to his inner eye.

Impressionism was really a late romantic movement. It gave a private momentary view of nature. For instance, Monet's many paintings of the way he saw the light on Rouen Cathedral. Impressionism was an encounter between artist and light, artist and place, time and inner mood. It was similar to Kierkegaard's thinking. The romantic painter became conscious of the fact that he was conscious. Van Gogh, as well as Freud, made conscious to each individual the things that were already in that individual's self.

Beaudelaire, like Proust, who followed him, looked at reality from within the self of the artist. Such artists identified themselves with the light which pervaded the universe. In painting the light they painted themselves. In a sense, the universe was organized and contained within themselves. Like Jesus, such an artist might say, "I am the way, the light, and the truth."

In the modern art of the mid 20th Century, however, man seeks differently to control that world which he pervades. He seeks to control it not as an individual, but as a member belonging within the controlled landscape or machine itself, and belonging also to a society which informs that landscape thing and which supports the individual.

Modern painting presents many ways of looking at the world. It is inter-disciplinary and inter-individual. It really has no perspective, however. It has lost any point-of-view. The artist feels his painting tactiley from the inside, as if he were a part of the painting--or the paint itself. He is not merely guiding the world, he is living it from inside the world's things and objects. Objects are now subjectively sensed, just as one feels one's own existence subjectively.

For instance, in the Documenta III exhibit in Kassel, Germany, in 1964, there was a painting which covered the walls and ceiling of a room. Colored fronds hung and dripped from the painting, brushing against the viewers as they came into the room. The viewers were inside the painting. The painting did not merely throw light at them or keep them in one point-of-view position. The painting reached out and touched them. In fact, it engulfed them, involved them within itself. In the same exhibit, another work of art consisted of several canvases of various shapes which projected upward from the floor. Spectators, under glaring lights, walked among them, puzzled as to their meaning. Each spectator then followed a path which led up to a darkened balcony, from which he looked down and saw the work of art he had just left. That work of art now consisted of several puzzled spectators wandering among strange shaped canvases.

Romantic artists were not brave enough to sense their world subjectively; they had to keep the object out there in a different world while they observed it. They were entertained; perhaps they were pained, and they produced art which entertained or pained the spectators. But both the artist and the spectator kept a self aloof and unchanged. Perhaps their conviction of identity and autonomy was so fragile they could not risk merging self with nature or art.

Romanticism was a revolt against Newton, who had so well ordered the world and excluded subjective experiences. It was a revolt against Descartes, who had divided the world into extension and thought, and stood apart from it. The romantics, Wordsworth and Keats, sought to grasp the world as a total harmony with the self, but like romanticists and imperialists, they missionaried the world into being their own point of view of the world. They were imperiously Platonic, like Marx. Marx was far from a humble empiricist, though the power of the humble people actually carried out his revolutions.

A 17th Century Dutch still-life or house interior excludes the artist's self. It only shows the things we are all nostalgic about. Much of it was photo art, not yet anachronistic, as such art came to be in the 1800s. Rubens, in the Enlightenment, makes figures transcend the local climate. They are ideal flesh and they belong to God, not to Rubens. Romantic painters, however, going beyond the Enlightenment, made even a still-life peculiarly their own.

Ingres is romantic. Even though he paints by academic rules of draftsmanship, his own peculiar self speaks through his art (e.g., *Le Bain Turque*). His was not photo art for all its naturalistic accuracy of image. Like other romantic painters who are full of contradictions, Ingres' compulsive draftsmanship contradicts his personal feel for the living flesh. Goya's glinting feminine beauty contradicts his rotting mutilations. These romantic contradictions were considered personal--not really in the nature of things. The people of romantic times wanted to believe consistency and organization were in the nature of things. Lobachevsky's geometry in 1830 was entirely self consistent, even though it broke violently with tradition. Post-organization man, however, grew to a more obvious tolerance of inconsistencies. Existentialism lives the contradictions in nature itself. Wittgenstein and Russell accepted internal contradictions into their logic and mathematics.

Modernism, (cubism, existentialism) release man from the prison of his own image. The cubists got inside the images and depicted them as if they were cool geometry. With the modernists, nature absorbed its contemplator. Man became an aspect of nature, not a viewer of nature nor a maker of nature.

Fautrier and others eliminate the self from art by mass-producing and "publishing" the same "original". As an important piece of his art, the artist might, for instance, design a metal spool. Once the measurements were given, a factory could mass-produce such spools--thus eliminating the artist as a single person and eliminating the viewer as a single person with whom the artist is communicating at the moment.

On the other hand, when a spectator stood before a Rembrandt self portrait or before the Mona Lisa, the picture spoke only to him or to his small group standing there. It became a conversation between him and the artist. That could not occur with a mass-produced print or

photo. It did not occur in a modern portrait unless the portrait was really in the tradition of earlier times. Renoir straddles the watershed here, but is mostly modern.

Dubuffet felt that materials were significant in themselves. Any single action of the artist's hand and any stroke of the brush was random, and therefore from the point of view of the cosmos, these motions were statistically fated. A picture, then, was painted by confluence of randomness and had meaning as a contribution to a total world, however meaningless it may have been to a particular viewer. The materials themselves were as much a part of the world's randomness as were the strokes of the brush.

In addition, Dubuffet felt that anything could be produced from anything else. There were no laws to isolate causes, relations, possessions, or successions. The simple presentation of taped instructions to the truly automatic factory should produce any form from any material.

In the Enlightenment world, objects organized in perspective space were tragically isolated, aloof from tactile miscibility with other bodies. In Enlightenment painting or Romantic painting, the landscape was part of the being of the tree or man. The object-landscape combination had a meaning, and yet in any particular landscape, an object was felt as very real--demonically. In modern art there is no longer this tragic isolation of selves, no perspective, no differentiation of foreground and background. There is no figure against ground. There is only the total image, and that image includes even the observer. This same feeling for the world led Robbe-Grillet to say that the modern novel accepts the surface of things as the reality--not as a mask. In other words, in accord with Sartre or Skinner, a man is his actions.

Until the end of the romantic age, the rules of perspective allowed an artist to stay out of the painting (or the novel), since he was only following the rules, not doing his own thing. Academic formulae in painting, and physical laws in science reject the world as it is, with its unique events, and helps man to imagine that he controls nature. These laws and rules do not help him to live with nature. When the artist no longer strives to bring in his assumed personality to affect nature, then his view of nature no longer entangles nor muddies up his thought and perception with such notions as necessity, chance, or free will in the self or in other things. Necessity, chance, and free will then become contrived essences which make intelligible in the realm of idea that which is simply existent.

Zola["] tried to apply an objective aloofness as a creator to novel writing, and thus to be scientific and to see the world as organized. The author's individual psyche was a stage for all events, but in modern life events go out in search of a stage and will find one individual as a stage if they do not find another. Events are a part of the psyche. The psyche is a part of events. The play and the novel affect reality, just as do dreams. Paintings, transient theories of economics, and principles of physics--like dreams--affect our modern reality.

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<u>POLITICS AND BUSINESS</u>	<u>SCIENCE AND PHILOSOPHY</u>	<u>LITERATURE AND ART</u>
RENAISSANCE 1450-1600 Curiosity, exploration of once sacred things Dynastic systems	(Public Speaking) Medici Elizabeth I	Copernicus Galileo Rabelais
ENLIGHTENMENT 1600-1775 Cool reason and logic	(Books) Louis XIV Cromwell	Descartes, Locke Newton Spinoza
ROMANTIC 1775-1914 Idealistic, personal excitement, personal Hysteria	(Newspapers) Napoleon Victoria J. P. Morgan	Adam Smith J. S. Mill Marx, Darwin Kirkgaard Mach, Bergson Freud
COLLECTIVISM 1914-1945 Organization Man Existentialism	(Radio) Time and Motion Studies Madison Avenue F. D. R.	Bridgeman Wittgenstein Whitehead Goedel
OTHER-DIRECTED MAN 1945-1980 Stylish personal growth	(Television) Nasser Castro, Malcolm X Congressional investigations Nader	Riesman Fromm Watson and Crick Durrell, Solshenitsin, Elliott Carter, Beatles
		T. S. Eliot, Sartre, Beckett, Ionesco Sarraute, Fautrier, Dubuffet

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NOSOGENESIS--DEMONS, MICROBES, PSYCHES, POLITIES

By M. D. Parrish

People in olden times considered that demons caused all diseases. If they could exorcize the demon, they could cure the problem. Sometimes, they discovered these demons were next door neighbors in the form of witches. More usually, they were invisible forces.

Nineteenth Century scientists discovered that most of these demons were really microbes. If they could get rid of M. tuberculosis, the microbe of tuberculosis, they could cure the disease.

Twentieth Century physicians, however, found a person might carry microbes in his body and not have any disease. Thus, a busy physician might harbor the microbes of tuberculosis but never have any symptoms. A teenage girl living in a damp basement, however, and trying to raise her second child, would die of tubercular "consumption." Doctors also noticed that injuries often occurred because people were accident prone. Some were prone perhaps, because they had an unconscious wish for suicide; others because they drank too much beer. Some diseases such as peptic ulcers, high blood pressure, and metabolic disturbances were associated with poor work habits, over-eating, or bad sanitary practices. Thus, the demon seemed to be not so much a microbe as the individual's own psyche. We needed to understand the individual psychology behind the disease.

Today, we have gone further to notice that the demon is not so much the psychology of the individual; it is more largely a set of political forces. These are forces from pressure groups such as cigarette manufacturers who advertise that one should smoke "for taste" or in order to become manly like ranch hands. Or perhaps one should smoke Brand X because it contains less tar and nicotine so that it causes less cancer and cardiovascular problems. Other public pressures result because people want to distribute tax money to the research on some diseases but not on others. The health insurance companies, as well as Medicare and Medicaid allow pay-offs for the treatment of some diseases in preference to others, some classes of people in preference to others. The pressures of income and the style-of-living benefits bring many doctors to the wealthy north side of Chicago and eliminate most of them from the poorer south side. The rise in malpractice suits and the federal control of drug research rechannels the efforts of the practitioners and the teachers of medical specialties. Health education, when supported in the public schools, affects the prevention, the discovery, and the management of disease.

Can we add fluoride to the city water supply and thus prevent tooth cavities? That depends on the political climate, not on the facts of biological science. How much sex education can our children and adults obtain? Can practitioners use acupuncture and electroshock treatment? Why must we avoid support to preventive medicine and attend only to the attempts at curative medicine? Living habits and eating habits are different in the Orient because their culture is different from ours and the things their politics tolerate are different. Consequently, they have more liver disease than we do but less cancer of the colon and less heart disease.

Some political actions have been very hard to bring about--for instance: changes in the competitive way of doing business or in the position of women, prohibition of alcohol, acceptance of mentally retarded, or effective preventive medicine. Other actions have been easier--making buildings and curbs accessible to wheelchairs, honest labeling of foods.

In the last century, the political pressure of the medical profession brought condemnation to Dr. Semmelweiss when he showed that women were dying after childbirth

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Nosogenesis, etc.

because their busy doctors had dirty hands. Similar pressures can be applied today against those doctors who show that hospitalization increases morbidity in some illnesses--both mental and physical. How could a clean, well-meaning hospital not be beneficial in every way!

Today our knowledge and techniques about disease and injury are so extensive that we have the know-how for alleviating most of the types of suffering. The problem is that this country does not have enough resources to deliver all that help adequately and equally to everybody. Consequently, the types of diseases and their distribution depend upon the distribution and type of medical effort--preventive and curative. And this, in turn, depends upon the political tolerance and interest of communities, corporations, professional associations and governments. Thus, the demon becomes the polity itself, the community of workers, patients and healers.

This is not a completely new idea. The AMA has always been involved in politics. Today, however, political pressures are seen as the major problem in the management of disease--not demons, not microbes.

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Anna and the Ego:

Notes From The Ego and the Mechanisms of Defense

By M. D. Parrish

"Primary process" is the thinking of the id--no synthesis of ideas, affects easily displaced, opposites not mutually exclusive. Condensation readily occurs e.g. "snake" may be equivalent to phallus, danger, bestiality, pitiless aggression, mystic fascination. A phobia may represent many symbolizations and adaptions which are incompatible in the world of the conscious ego.

"Secondary process" is the thinking of the ego. It is strictly conditioned by the practical physics of nature, by the grammar of language and culture, and by the moralistic demands of the superego.

Id impulses which are in harmony with the ego readily get into ego thought. (Ego syn-tonic impulses). But conflictual impulses cause ego to invade id with the purpose of putting the impulses permanently out of action by defense mechanisms. Accordingly, the observation of ego behavior reveals the id impulses as modified by defense mechanisms and thus we can see the total personality better than we can when the ego's influence is largely set aside by hypnosis, drugs, or mass hysteria

Mental mechanisms are best studied when in process of disintegration. For instance, if the ego's mild homosexual desires make the individual anxious that he may actually depart from his own traditional sexual ideas, then he may by the mechanism of projection become aggressive against real homosexual. The stronger his own homosexual desires become, the more aggressively his ego projects them on to other people. Eventually he may think that all his old acquaintances have become homosexual and are planning to rape him.

Analytic Techniques. Ego analysis is analysis of the resistance the individual puts up against; (1) a change in personality, (2) an expression of id impulses, (3) the memory of id activities or impulses.

Hypnosis. Under hypnosis the ego is essentially eliminated and id-like impulses are seen directly. Formerly the therapist introduced the revived material to the ego and the symptom disappeared. But the ego never tolerated the disruption longer than the support of the therapist lasted. After that, the ego again established the defense mechanisms.

Free Association. Here the client becomes practiced at saying whatever pops into his mind, thus the ego eliminates itself. It doesn't criticize the associations. Though impulses are invited to arise, the repeated refusal of gratification may encourage the ego to put up resistances which choke and modify the flow from the id. The therapist using this technique concentrates alternately on id content and on resistance (ego activity).

The unconscious contents of the ego have no tendency at all to rise spontaneously into slips of the tongue, sudden whims and hunches, etc. as may the contents of the id. Therefore, we must reconstruct the ego from its influence on the individual's associations: (1) First we discover the fundamental defense mechanism, (2) then undo what the defense mechanism has done; restore what repression has eliminated from the interview... (3) then return to the contents of id and repeat the procedure.

interpretation of Dreams. The ego is largely suspended during dreaming and the consequent id expressions may be remembered for awhile into wakening life. The therapist's interpretation of symbols from dreams (or other sources) yields a short cut to the unconscious. But no deeper understanding of the patients psychology is gained.

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Observation of Parapraxes. These are slips of the tongue and lapses of memory. Their value is rather small.

Analysis of Transference. All impulsive thoughts and actions concerning the therapist which the client experiences and which are not newly created by the objective (real) relation to the doctor, are the result of early object relations now revived by the repetition compulsion. After perhaps forgetting some of the qualities of his former feelings the client repeats his childhood relationships as if they were new, and thus avoids the real world's new feelings and understandings. He need only enjoy or fear what he has always enjoyed or feared, thus gain some measure of emotional control over his old traumas. In a sense he is able to re-dream his old joys and conflicts. The therapist is always alert to the feelings and acts to which the individual repeatedly returns--as if there were some unresolved fascinations about those things.

Transference of Libidinal Impulses. The client in therapy originally has libidinal impulses of love, hate, jealousy, anxiety, etc. toward people and objects of his past. The problematic parts of these feelings are inaccessible to consciousness by any direct approach. If the therapist merely attends closely to the verbally and nonverbally expressed feelings of the client however, the client will eventually transfer many of these libidinal impulses unto the therapist himself. Thus, these feelings out of the past begin to underlie the relationship in the interview between client and therapist. In this way they are accessible to discussion within the interview. At the same time these libidinal impulses usually constitute the client's strongest resistance toward any change in his way of thinking or feeling. It seems as if the id were planning to stop the progress of therapy by falling in love with the therapist or by trying to murder the therapist etc. Nevertheless, the client sometimes feels the transferred affect as an intrusive foreign body. He resists this affect. The therapist may have to bring it to light by insistence on free-association. If the therapist and client cooperate properly and put the affect back in the past where it belongs, then the client is released from a present impulse which is alien to the ego. Analysis may then go on a further step. This sort of analysis however has observed the id action only.

Transference of Defenses. The client also transfers long-ago-distorted id impulses--impulses upon which the ego has already applied defense mechanisms. Here the therapist attempts to trace the true id impulse by analysis of the defense. It is best to uncover the defense work which originally went on when the impulse was first handled in childhood. The therapist attempts to learn the history of all the transformations through which the instinct has passed to the present time.

The client does not feel that this transference of defense mechanisms is a foreign body because the form in which it reaches consciousness is ego-syntonic, that is, it is in harmony with the ego. All necessary distortions of censorship, have been accomplished long ago. By rationalization, for instance, the client may have covered up the discrepancies between cause and effect which might make it easy for an observer (or for the client himself) to see that the transference has no objective or present justification. In these cases it is even harder to get the client to cooperate. The ego is opposed to uncovering all of its past work, thus it becomes necessary to do "character analysis". That is to bring into conscious awareness the habitual poses and behavior patterns which have now become unconscious character traits.

Acting in the Transference. Here the patient steps outside the analytic interview. The ego has its normal amount of control and the therapist sees id, ego, and superego in their relative strengths not restricted by the free-association rule of analysis nor by the therapist-patient relationship.

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Acting in Transference cont'd.

In other words it becomes a sort of social relationship or at best, a business relationship. Nevertheless, it is only in the analytic situation that therapeutic influences can be brought to bear and that the unconscious can become conscious. Acting within the transference situation is most difficult to deal with. (Note that group therapy can often get around this problem because the client is facing the pressures of a group rather than a single therapist who must avoid direct coercion of the patient).

Thus, both the id unconscious and the ego unconscious can be brought to light through analysis of the transference, but ego unconscious is harder to deal with.

The analyst strives to make conscious all material in all three structures of the psyche--id, ego, superego.

The material which allows for analysis of the ego appears as resistance to id analysis. The resistance is applied against the personality of the therapist because the therapist uses his personality to induce the client to observe the rule of free-association in analysis and thus to produce material from the id.

Permanent defense phenomena are habitual body postures, habitual mental attitudes or personal peculiarities such as stiffness, arrogant behavior, etc. (similar to Wilhelm Reich's character armor). When these defenses are traced to their historical source, they recover their mobility and cease to block by their fixation the analyst's access to the present defensive operations of the ego. Although these "character" resistances are only a part of the patient's resistance to change, they are the hardest part to remove. Most analysts attack these defenses only when other defenses have been at least temporarily ironed out.

The hysterical client generally uses repression or denial as a defense. He excludes from consciousness the ideas representing sexual impulses. Ideas (arising in free-association) which put the ego on the defense are simply dismissed or blocked. The client becomes silent and feels a blank in consciousness. Repression means that he is unaware that he is avoiding anything. If he were aware, he would be suppressing rather than repressing.

The obsessional client generally uses isolation as a defense. He removes instinctual impulses from their context while retaining them in consciousness. He severs the links between the associations. He isolates ideas from their appropriate affects.

When the client resists his proper affective reactions, then the analyst analyzes this resistance first before proceeding with the further analysis of the transference. Trying to make the client use proper affect may produce a hatred towards the analyst which looks like a transference hatred but actually such resistance can be expected toward anything which would cause emotion to arise in this kind of patient.

The obsessional client also finds it easy to use reversal as a mechanism. He turns unwelcome impulses into their opposites.

The defense mechanisms: (1) regression, (2) repression, (3) reaction-formation, (4) isolation, (5) undoing, (6) projection, (7) introjection, (8) turning against the self, (9) reversal, (10) sublimation (or displacement of instinctual aims--usually in a socially acceptable manner).

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Comparison of results obtained by different mechanisms. A certain girl has penis envy as jealousy of other family members repeatedly excited by her mother's successive pregnancies which bring on new brothers and sisters to compete with the girl for mother's love and which also remind her that father has complete sexual possession of mother's body. This girl hate-loves her mother. First mechanism: displacement. She shows love for her mother but always manages in the same day to show hatred for some other woman. Second mechanism: turning against the self. The girl turns her hate inward accusing herself and feeling inferior, she surrenders her own wishes to the demands made by others. Third mechanism: projection. She feels that others hate her, but there is nothing wrong with herself. She thus becomes paranoid and the ego feels relieved of any sense of guilt. Fourth mechanism: repression--a hysterical mechanism. The girl obliterates from consciousness the penis envy and the hatred of mother. Impulses which might seep past this repressive attempt, may be (1) transformed into somatic symptoms such as paralysis of an arm which might have struck her mother or they may be (2) developed into a phobia which avoids occasions that might reactivate the conflict.

My own view of hy: ia is that it is essentially an avoidance of a particular feeling or thought by flooding the situation with different feelings. Thus a girl conflictfully attracted sexually towards her father might flood herself with feelings of mourning for some minor boyfriend or she might even tease her father sexually and than flee from him allowing him to have all the sexual feelings. (In either case she is generating feelings somewhere which are covering up the real feelings).

Fourth mechanism: reaction-formation--an obsessional mechanism. Reaction-formation may prevent the return of the repressed hatred and penis envy. The girl might show excessive tenderness toward her mother and take ceremonial precautionary measures for her mother's safety. The girl might impose a strict moral code upon herself preventing the show of any sexual impulse. The bigger the impulse becomes, the stricter the code becomes.

The mechanisms of defense thus enable conflicts to remain repressed but they commit the ego to a pre-occupation with the mechanisms themselves. Anxiety is relieved at the cost of the curtailment of free creativity and appropriate bestowal of affect. Repression is usually the first mechanism employed and then another mechanism is used to continue the anti-cathexis (i.e. the taking away of emotional energy from the repressed material). Repression acts once only but the auxiliary mechanisms require continuous expenditure of energy.

The mechanism of sublimation pre-supposes the existence of socially determined values since here the ego takes up an exercise which is approved by society. Consequently, sublimation can't be used until later in life when social values have become important and well understood.

In neurosis which have their beginning in adult life, it is usually the superego which dictates what is to be considered dangerous. Frequently sexuality and aggression are prohibited in this manner. Consequently, some prevention of neurosis is possible if the child is allowed to develop a rather mild superego. Parents should not set up a strict moral code impossible to practice. The child's aggressiveness should have some outlets to the external world and not be forced inward upon the self.

The effect of analytic therapy is to bring back into consciousness the instincts and the affects which were warded off by the mechanisms of defense. Removal by analysis of a defense motivated by the superego will produce guilt (superego anxiety) which then can be handled in the interview situation. Removable of a defense motivated by the outside

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world will produce an objective anxiety (i.e. a fear of impending punishment from society). The removal of a defense motivated by dread of the strength of instincts will produce an invasion of the ego by its derivatives without opposition, thus strong aggressive or sexual appetites may appear in the interview.

It is easiest to resolve superego anxiety. Here the transference phenomenon enables the therapist-patient team to analyze the identifications with past people upon which the defense is based. The patient retiring from his attachment to the therapist as if the therapist were an overweening conscience allows also the retiring from the long-ago incorporated overweening conscience from parents etc. The reduction of the superego's strictness reduces the necessity for defenses against the superego.

It is hardest to resolve a defense prompted by the patient's dread of the strength of his own instincts. There is some danger that the analysis will annul the defense without being able to take care of the upwelling instincts; control may then deteriorate. This is in contrast to the analysis of defenses prompted by the superego where the releasing of instincts to consciousness results in better control.

In psychotic patients the ego usually needs a little more strength but the analysis may allow the ego to be overwhelmed by instincts instead of strengthened by making the instincts more conscious. Accordingly, the patient breaks down. He may deteriorate to a level of simple schizophrenia or hebephrenia where he is not unhappy but his mind is throttled by some mechanisms of defense which enable the patient to get along at a lower level of feeling and creativity (creativity is impaired because the patient does not dare to explore through all of his thoughts in a free-associative manner lest some instincts overwhelm him).

In the process of breaking down, the patient reveals what an overwhelmed ego is like. Here, the picture is similar to a fight. There are hallucinations, sweating, delusions, pre-occupations with eating, with sex, with homosexual ideas, with violence, etc. Any of these manifestations may then be defenses (e.g. against aggression, suicide, depression, sexual behavior, etc.)

Consider the following conflicts: Ego-id (hysterical or obsessive-compulsive), ego-superego (melancholia), ego-outside world (infantile animal phobia). In these conflicts the ego seeks to repudiate a part of its own psyche.

Child Analysis. A child's affects often betray themselves against his will. This may make child analysis easier if the therapist will only devote himself to it.

In Sigmund Freud's case of "Little Hans", the child loved his mother, was jealous of his father, aggressive towards his father, and thus had a conflict with his natural love for his father. Thus he also had a castration anxiety--fearing that his father might mutilate him sexually. The child's mechanisms of defense were: (1) displacement of fear from father to horses (his anxiety animal); (2) reversal of his own threat to the father into anxiety lest he himself should be attacked by the father; (3) regression to oral feelings in his fear of being bitten--i.e. his fear of horses. Oral activity such as biting or sucking is considered more baby-like than striking, kicking or debating.

Anxiety attacks were avoided, however, by the mechanism of phobia. He refused to go out of doors where he might find horses. His pre-occupation with such a fear could substitute for his fear of father's retribution even if the father were actually present.

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In the analysis of "Little Hans", Freud reversed the defense mechanisms. He disassociated Han's anxiety from horses, traced it to his father and then discussed it. The anxiety allayed and shown to be without objective foundation. Han's love for mother was then free to revive and reach conscious expression. Such love was no longer dangerous since castration fear was gone. There was no further need for the regression to oral feelings so the patient returned to the phallic stage. This was essentially a cure.

Since his penis remained small however, and his mother still nursed his sister, Hans developed two daydreams: (1) that he had a lot of children which he cleaned at the toilet, and (2) that the plumber took off his penis and buttocks to give him better ones. Thus he denied reality by means of fantasy--transforming reality to suit his own wishes before he accepted it. Of course he knew that these were only daydreams. They did not last all day. Nevertheless, they allowed him to mull over his feelings, and to get some comforting control of them.

Denial in Word and Act. A walking stick or a uniform may help a boy to act like a man. A toy electric train lets him feel he can control the world. The child may attach himself to an adult's hat and carry it everywhere. This is not obsessive compulsive, it is merely denial in act of his own littleness. The defense is not (as is neurosis) aimed at instinctual life, but rather at the outside world which inflicts the frustration. Repression is a denial of what is within (instincts). Denial-in-fantasy, or denial-in-word and act, are denials of what is outside the individual.

Denial in word and act is limited by the ego's reality testing ability. If it occurs in an older person, the denial may be incompatible with reality. One or the other may then be discarded. It must be remembered that in the child's world there are many things which are completely incompatible. For instance, he may see small people in a three-inch canoe out on the river, yet his parents tell him that they are normal sized people in a normal canoe. He may see distant trees and buildings moving backwards as he rides down the highway. His parents tell him that they are not moving at all. His parents also tell him the moon is bigger than he is etc. By the time he is an adult the child has gone against the evidence of his senses, and has accepted a social reality reinforced by all the adults around him. Thus his fantasies and denials seem abnormal even to him.

Restriction of the Ego. A child who was at first interested in drawing refused to draw when another drew with him, and did it better. By avoiding drawing, he decreased the range of exercise of his ego and gave it less challenge to meet.

The free-associations of clients in analysis reveals that often the sight of another person's superior achievement may give the same feeling as the sight of a penis larger than the patient's own. These avoidances and these feelings of inferiority are easily reversible in children. True neurosis, however, is not easy to reverse.

Ego restriction amounts to the warding off disagreeable external impressions in the present because they might result in revival of similar impressions from the past. Neurotic inhibition however, is a defense against translation into action of some prohibited instinctual impulse. A client avoids the anxiety-animal in order to prevent the welling up of aggressive impulses which would arise in himself.

Identification with the Aggressor. Identification is part of the superego activity, and therefore is a mechanism of defense against instinct, but it is also a mechanism against external danger.

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A boy who had been hurt by the dentist cut up pencils, string, etc. when he came into the psychiatrist's office. Thus he identified with aggression though not especially with dentistry.

A girl asked her analyst personal questions and became angry at receiving no answer. She criticized her analyst for being secretive. The fact is, she was secreting part of her own thoughts from the analyst and feeling guilty about it, she projected the behavior onto her analyst. The stereotyped accusations against the analyst came at times when the analyst approached most closely to the girls secret material.

The analysis of "identification with the aggressor" enables us to distinguish between anxiety attacks in the transference and out-bursts of aggression in the transference. When genuine unconscious aggressive impulses are revealed to the patient in analysis the damned-up affect relieves itself through abreaction in the transference. If the aggression is due to the client's identification with what he supposes to be the analyst's criticism however, the aggression will not be effected by the client's giving it concrete expression and abreacting it. As long as the unconscious impulses are prohibited, the aggression increases. Such aggression can be cured by dissipation of the dread of punishment and of the superego.

A Form of Altruism. A girl, when young, wanted fine clothes. She suppressed this desire when older and saw to it that others had fine clothes. She became an excellent match for other people's love affairs. When a boy called at her house, she was disappointed to find that he was not calling for her, but for her sister. Nevertheless, she bustled around getting her sister prettied-up so the boy and sister would enjoy each other. All this is vicarious enjoyment in others (by projection) what the superego has denied her. Analysis of such altruism reveals the origin of the defense was an infantile conflict with parental authority over some form of gratification. Aggressive impulses against parents are then prohibited as long as there is concern about getting the patients own wishes, but the aggression gets free reign when the wishes are ostensibly someone else's.

Ego and Id at Puberty. Pregenital sexuality begins at birth, but is over-shadowed by genital sexuality from puberty to the climacteric. After this pregenital sexuality once more comes into its own. Infancy, puberty, and climacteric are times when a relatively strong id confronts a relatively weak ego. The id remains at about the same strength through life except for the surge of genital impulses at puberty. The ego, however, from infancy to puberty, increases in knowledge and power.

Infantile neurosis arises from conflict between instinct and the acute objective anxiety coming from the external world. This conflict produces the ego. At this point, therefore, the usual adult neurosis pitting instinct against rigid ego does not yet exist. About age 5, the extent and quality of the ego is set. It has decided how much of instinct shall be gratified and how much suppressed. It has developed patience at delay in gratification. Now the latency period begins. There is a physiological decline in the strength of instinct. The ego becomes stronger in relation to the world. Dependence decreases; object-love is replaced by identification. Principles and ideals from conscience (superego) takes the place of anxiety from the objective world. Thus guilt develops.

Then puberty comes to upset the balance. Instincts are physiologically increased and infantile sexuality reappears with oral and anal impulses. Oedipal wishes are undisguised, castration fear and penis envy reappear. Habits of cleanliness achieved in latency deteriorate to habits of dirt and disorder. Hostility, aggression, and ambivalence increase.

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But now the ego cannot (as in child) give in to strong instincts because the superego would then produce too much guilt and anxiety. The ego at this point attempts to preserve the character which has been developed in the latency period. The ego may now develop ascetic traits with an accentuation of neurotic symptoms in an attempt to ward off the id's pressure toward perverse sexual activity, aggression, criminal behavior and wild fantasy. The id, if victorious, produces a riot of uninhibited instinctual gratification. The ego if victorious, solidifies the personality into the character of the latency period which confines instincts within the narrower limits of child life and no use can be made of the increased libido. There is constant expenditure of energy in defense mechanisms.

Asceticism and Intellectuality. Two attitudes the ego often adopts towards instincts at puberty. Asceticism is a defense against the quantity of instinct; for instance, the individual may give up not merely dancing and association with the opposite sex but also sleep, defecation, warm clothes, etc. In true neurosis there is a compromise. The id is assuaged as well as the ego. The adolescent ascetic, however, leaves no loophole for substitutive gratification. Recovery from asceticism may produce an outburst of gratification activity but if the ego is strong enough to carry through its repudiation of all instinct, a catatonic-like condition occurs. The result is not normal puberty but psychosis.

Intellectuality in adolescence is not connected closely with reality. It exhibits "wisdom" but does not have action as its aim. It examines and plays with the instincts rather than avoiding them completely. But, it examines them distantly and with no intention to put them into action. Intellectualization wipes some of the affect off of instinctual processes and links them up with ideas. It thus renders those processes accessible to consciousness and amenable to control.

As long as the adolescent maintains fair relationships with others, his asceticism or intellectuality appears normal. But if these defenses become narrowly intense and begin to isolate the adolescent then they border on psychosis.

The ego then is not a structure inside the individual's mind as his memories or instincts are sometimes conceived to be. Rather, the ego is a systematic set of interactions between the individual's internal psychic forces such as memories and his external environmental forces such as the constraints of weather, authority, gravity etc. The ego is an interforce of a boundary which gains fairly permanent functions such as filtering and transforming of forces. This interforce and thus the ego and its functions may be altered by the stylish fads of social opinion, hypnosis, drugs, education, psychotherapy. The ego functions have been classified into stereotypical defenses against anxiety in the individual. In later psychological theory these functions may also be seen as defenses against the society's anxiety.

Reference: Anna Freud: The Ego and the Mechanisms of Defense London, Hogarth 1936

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Freud Anna: The Ego and the Mechanisms of Defense (1936) London, Hogarth 1954. A review of some of Sigmund Freud's important therapeutic and psychic structural concepts plus an organization and explication of the mechanisms of defense against anxiety--regression, repression, reaction-formation, isolation, undoing, projection, introjection, turning against the self, reversal, sublimation (displacement of instinctual aims.) But emphasis is on analysis of the ego.

Klein, Melanie: Contributions to Psychoanalysis (1921-1945) London, Hogarth, 1948. Melanie is big in England--seems most big in the Tavistock School of Psychoanalysis, while Anna Freud is big in the Maudsley. Yet both ladies developed ego psychology in contrast to "id psychology". Melanie is hard to read; better read her chief interpreter, Fairbairn:

Fairbairn, W. Ronald D: Psychoanalytic Studies of Personality, London, Tavistock, 1952, (chap. 7), Sigmund Freud felt the id produced the subjective sensations of the self (ego) as a decisive and willful observer. The id comprised the organism's instinctual somatic needs aroused by gonadic activity and by the environment's stimulation of maturing erotogenic zones (muzzle area, anal, genital). The id activity was a manifestation of the tendency of the organism to seek relief from tension (to seek somatic homeostasis or equilibrium). Freud considered this activity gratifying and called it the "pleasure principle". It was a seeking for short-term adjustments within the organism.

The ego was Freud's construct for the interface between these internal needs of soma and the demands of the external environment. The ego adhered in large measure to the "reality principle"--a practical long-term adjustment of the whole organism to the external environment. Thus Freud's ego came into being automatically as the developing internal needs faced the external environmental needs. The ego was a filter working partly by habit outside of immediate awareness and partly by conscious perceptions and decisions. Thus Freud's ego existed for the sake of the soma.

Fairbairn would concede that certain somatic functions and certain chemical affinities, etc. were prerequisite for the existence of the individual. But they were not the object of life any more than breathing was the object of life. Fairbairn took the goal-oriented view rather than the survival-oriented view. He said the human organism's aim at every stage of development was to maintain relationships with other human beings. The relationship itself was the primary aim; not one's use of the other person to obtain one's own somatic satisfaction.

Two possible views today:

(1) Out of some explosion which formed the sun many electrons, etc., hap-hazardly formed into amino acids, etc. which eventually chanced upon the ability to reproduce themselves in organized forms. This reproductive ability became a need of the forms themselves, and finally developed psyches which now serve to further the reproduction of the race of somas--not primarily to reproduce a certain molecule, but to reproduce the race even at the expense of some molecule.

(2) In the course of astronomical and biological history, psyches were developed. These psyches, by interaction with each other, were able to create new relationships, new appreciations, new knowledge, new games, and processes. This creativity became a need of the psyches themselves. The psyches eventually developed social institutions which now serve to further the creative relationships and the progress of the race of psyches--not primarily to reproduce certain somas.

hus in the second view (2) the social institutions exist for the sake of the psyches. Although the psyches could not survive without the somas, the somas themselves are a secondary concern for the second view (2).

a the first view (1) the psyches exist for the sake of the somas. Although the somas could not survive without the molecules, these molecules are a secondary concern in the first view. This emphasis on the psycho or even on higher biological types is carried further by:

- a) Teilhard de Chardin, Pierre: The Phenomenon of Man, 1955 N.Y. Harper, 1955 Cf. e.g. 174-184.
- b) Schroedinger, Erwin: What is Life, Cambridge, 1967, Cf. esp. pp 93-96. But those two thinkers went far beyond ego psychology.

Ius Fairbairn and many other "ego psychologists" deny or neglect the id instincts, the pleasure principle, the death wish, etc. Fairbairn explains behavior ultimately in psychological terms instead of in somatic or physiological terms. The soma does not directly effect the ego, rather the ego seeks its own "pleasure" from relations with others. It never becomes independent. As in the infant, it is most concerned with being loved and cared for by parents. Then it learns to give love, and is concerned that such love be appreciated. At a later stage, it extrudes the infantile dependency, and no longer identifies itself with the parent image. Finally it ideally develops interdependent relations with others as equal external colleagues rather than as internal images. These three stages of development correspond roughly to Freud's oral, anal, and genital stages. The ego psychologists, however, see these labels as only symbolic, for these theorists concern themselves primarily with the psychic interaction with others. The second stage (anal) for instance, is only metaphorically an extrusion of the parent; it is not necessarily tied to actual defecation.

Fairbairn's ego identified itself with frustrating or attractive objects (people), and eventually internalized them--unconsciously modifying the ego itself in accord with these objects. This behavior is similar to that of Freud's ego which identifies itself with the aggressor, forms an ego ideal, internalizes the ideal person as a "superego" which acts as a guide to behavior and thought.

Klein, Fairbairn, Federn, and other ego psychologists will see schizophrenia as developing from the patient's struggle with a great deal of hate for a person he can't afford to like. He splits the bad objects and feelings from the good, projects the bad away from himself and on to other persons; he then handles the bad by projective identification (Klein). A schizophrenic's problem is how to love without destroying the loved one by poisonous hate. The depressive's problem is how to love without destroying the loved one by hate.

Perhaps the most distinct difference in the mental postures of the schizophrenic and the hysterical is: The hysteric achieves mastery by over-evaluating an external object. Then latches on to that object and lives vicariously through the feelings he stimulates in the object. The true hysteric (according to this view) has no feelings of his own; he finds it important to get others to have feelings. This is the method of the dramatic actor, the exhibitionist, the blackmailer, the teaser, and even sometimes the worker who works only to please the boss, or works badly in order to plague the boss.

Today the neurological syndromes manifested by Freud's patients are no longer popular; they attract little attention. So the psychotic picture has become more popular for hysterics. (They have a sort of social instinct for what will make the strongest impression).

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So the patient watches the effect of his psychosis on the doctor and the family.

Federn, Paul: Ego Psychology and Psychosis, N.Y. Basic Books, 1952--more of the above with fairly clear explication of analysis and treatment. It is well written but Federn thinks he can reason a paranoid person out of his paranoia. In this he is unique.

Therapy for these ego psychologists does not consist merely of bringing to conscious awareness the unconscious personal taboos, drives, and prejudices which are crippling the patient ability to survive happily as an organism, but rather, ego therapy seeks to improve and make conscious the patient's adjustment to other people. The emphasis is still on the independent individual and his ability to form relationships. It is not upon treating the interpersonal relationship itself, (first between therapist and patient, and then between patient and others). That emphasis remained for the impersonal psychiatry of Sullivan, Fromm-Reichmann, Searles, Will, Rioch, etc. Ego psychology is certainly not concerned with treating group relations or social structures. That remains for the community psychiatrist and social psychologist such as Caplan, Rioch, Glass, Hansell, Scheff, Satir, Maxwell Jones, and Ross Speck.

Hartmann, H.: Kris and Loewenstein: Comments on the Formation of Psychic Structure. Psychoanalytic study of the Child, Vol. 2, International Universities Press, 1946.

Usually in any conflict one element of the psyche finds itself on one side of the conflict, thus in conflict between eating a sundae and dieting, the id may side with the desire for the sundae and the ego may side with dieting, or in cases where the diet is only to please a parent or wife, the superego may side with the diet.

In animals instincts deal directly with reality. In man the ego mediates. (A social psychiatrist would say, the concept of animal is a social construct. In order to arrange the rituals and needed prejudices, a society needs some sub-human construct such as dogs, blacks, women, laymen, patients, customers, etc. They are all equivalent to "animals" in the same sense that the theorist imputes psychic structures to organisms he does not really understand).

When permanent objects are formed, (such as a loved mother), then transient objects and methods must suffer. Thus, a child may restrain himself from defecating at certain times because mother wouldn't like it. Aggression and love are not inborn instincts as Freud says they are. Menninger thinks everyone is at heart a murderer; therefore, a weakening of the ego (e.g. through alcohol) produces a real murder. Accordingly, murderers ought to be treated. H K and L think a big murderous impulse de elops because of certain kinds of encouragement and frustration the person got in his upbringing. The responsibility may not be 100% on the individual, it may be partly in the family and the culture. Anger or aggression is a defense against anxiety (from frustration) and perhaps should be included with denial, displacement, projection, etc. as a mechanism of defense.

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1. BELL, George M.: A Mental Hospital With Open Doors, International Journal of Social Psychiatry, 1: 42-48, 1955

This article describes Dingleton Hospital, a 400 bed "State hospital" in Melrose, Scotland. Shortly after World War II it became the first mental hospital--containing all varieties of psychiatric problems--to open all its doors. There were no locked wards. This act had to be coordinated socially and politically with the local community of Melrose. Apparently it is the tolerance in the staff and in the community which determines whether doors can be opened. It is not merely the intensity of the patients illness.

2. GOFFMAN, E.: "Characteristics of Total Institutions", Walter Reed Army Institute of Research, Symposium on Preventive and Social Psychiatry, April 15-17, 1957, Washington, D.C. Government Printing Office

This paper was later put into a book by Goffman as follows:

GOFFMAN, E.: Asylums, New York; Doubleday, 1961

Total institutions are such things as ships at sea, boarding schools, prisons, military training camps, state hospitals or nursing homes. These institutions govern almost every aspect of a member's daily life. Their effect upon most patients is more powerful in the long run than is the effect of early training or intrinsic disease.

3. GRUENBERG, Ernest M.: The Social Breakdown Syndrome--Some Origins, American Journal of Psychiatry, 123: 1481-1489, January, 1967

The author describes social breakdown syndrome as a common situation where the patient is unable to get along in society. This syndrome is very much the same whether the patient is "normal" or a character disorder, a schizophrenic, a manic depressive, a mentally retarded individual, a senile person, etc. The author describes the development or "pathogenesis" of the syndrome. The basis of the syndrome is a discrepancy between what a person can do and what he is expected to do. Society assumes that the discrepancy is due to the persons own peculiarity. Society manages the "patient" by giving him a "diagnosis" such as "not right in the head" or "schizophrenic" but medical staff and society seem not to worry so much about the diagnostic label as about making sure that it is understood that the patient, himself, must carry the burden for the discrepancy in both his own thinking and the thinking of his immediate society. Society can of course distance itself still further from any burden by looking hard for bio-chemical or physical mechanisms inside the patient which caused the patient to be "not right in the head". It may be possible to remove the discrepancy between society's expectancy and the patient's ability by discovering the biochemical problem and altering it inside the patient. The practitioner faced with a particular patient however can only go as far as modern chemistry, physics, etc. has progressed in this matter. Once that point has been reached--perhaps by getting the patient on his proper dose of medication, then the practitioner is faced with the problem of reorienting lay people to a more realistic view of this patient's capacity. In addition, the patient himself must be given a conflict-reducing interpretation of his own handicap. Thus, the practitioner should increase the patient's own responsibility for himself. Furthermore, the ties to family, occupation, recreation, church, etc. must be protected and nurtured. The practitioner or team which takes responsibility for improving the patient must provide a continuity of watchful intervention in the complex of lay and professional supports within the community--in-patient, out-patient, day care, sheltered shop, foster family, church street gang, social club, lodge, etc. Such services were developed in Britain around the concept of the "open hospital" a few years before the advent of modern tranquilizers. The services effected a remarkable decrease in new chronic cases of social breakdown, but the later advent of tranquilizers easily overshadowed that work probably because the professional, and perhaps the lay society, was made very uncomfortable by the notion that the

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problem and the burden might not lie entirely within the patient.

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128: 1011-1015 October, 1963

Psychiatric breakdown of an individual in combat parallels the external stress as determined by the pressure of weather, enemy fire, etc. versus the social morale of the group with which the individual identifies himself. Such breakdown does not parallel the problem of the individual's pre-combat life. (Past personal history consists of changeable relationships among transactional systems not a simple chain of psychodynamic causation). In combat the patient receives immediate, proximate and expectant treatment. He is treated before symptoms become ritualized. The symptoms arise as a meaningful transaction with the combat milieu. The meaning of individual and of symptom can be altered if treated within that milieu. The individual is usually given three days of rest (controlled regression) to allow replenishment of his exhausted endocrine system. But staff and patients alike expect the individual to return to normal functioning. This social expectation controls the regression and rate of recovery.

In order to effect this treatment the Army provides a fully trained psychiatrist to every combat division (15,000 soldiers). This psychiatrist acts as consultant to the division's commanders and as supervisor for the para-professionals. Only three medical specialists are placed with the combat division--Viz. psychiatry, aviation medicine, public health medicine. These three are effectively preventive.

5. SCHEFF, T. J.: The Role of the Mentally Ill and the Dynamics of Mental Disorder, Sociometry, 26: 436-453, December, 1963

A sociological theory of chronic mental disorder. Socially deviant behavior is analytically separable from endopsychic problems.

6. RIOCH, David McK: Communication in the Laboratory and Communication in the Clinic, Psychiatry, 26: 209-221, August, 1963

The laboratory's communication utilizes measurable phenomena. The observers remain personally detached from the patients or the animals.

The clinic's communication utilizes moods, emotions, pains, etc. within both the patient and the therapist. The patient's pain, for instance, is regulatable by the therapist to the extent that the therapist commits himself to some control from the patient--a sympathetic or induced control by personal commitment to each other. The therapist, as a person, sees pain, depression, fear, etc. as social communications--largely poetic communications --concerning the patient's social relations. This clinical communication largely concerns personal feelings between patient and therapist or between patient and his normal social groups. "Defense mechanisms", "dynamics", etc. would be seen clinically as classification labels defending the therapist's personal emotions against any control by the patient. Inadequate commitment, expectation and consensus between therapist and patient allow pain, depression, fear, etc. to lock themselves into the patient's social life. With the therapist's personal commitment and the patient's concurrence, "organic treatment" may be used to develop effective social communication. Without such commitment and concurrence, psychotherapy may be used to avoid personal involvement.

7. Public Laws of the Province of Quebec, Chap 48 (1971)

The governing board of every mental hospital (about a dozen members) must include at least two patients. From some weeks prior to an election of board members, the hospital must advertise that anyone who is presently a patient or who has been a patient of this hospital within the past three years has a right to vote for patients who are to become members of

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the governing board.

8. PASAMANICK, Benj. et al: Schizophrenics in the Community: An Experimental Study in the Prevention of Hospitalization, N.Y., Appleton-Century-Crofts, 1967, pp 248-71

For the duration of a three year controlled study in Louisville, Kentucky non-violent schizophrenics were managed better at home (most with drug treatment) than in the hospital.

9. DAVIS, Anne; Dinitz, S and Pasamanick, Benj.: The Prevention of Hospitalization in Schizophrenia: Five Years After an Experimental Program, AM. J. Orthopsychiat., 42: 375-388, April, 1972

Following up the Louisville study Pasamanick and his colleagues found the initial advantages of treatment in community clinics and aftercare services had all leveled out until there was no significant psychological or social advantage over state hospital care. In effect, custodial care had been transferred to the community agencies. The study indicate a need to restructure community mental health's social services. The article avoids discussion of how to develop the community's natural support systems to favor schizophrenics, but it does indicate some experience with custody in homes of other than the patients primary family members. Primary families often become part of the total schizophrenic problem. (cf. Polak)

10. DAVIS, Anne E.: Dinitz; Pasamanick, B.: Schizophrenics in the New Custodial Community --Five Years After the Experiment, Ohio State University Press, 1974 (particularly chap 1 and 7)

Pasamanick's original study (above) selected from a state hospital acutely psychotic patients whose families were willing to try to live with the patient at home. These patients were divided into three groups. Group one remained in the hospital under normal state hospital care; group two went home in the care of its natural families on placebos; group three went home in the care of family but were given psychoactive drugs by prescription. Both of the homecare groups were visited by a public health nurse every week or so to help the family make certain that the patient was taking his "medicine". The nurse, who was usually not a psychiatric nurse, also gave emotional support to the family and the patient. During the eighteen months that the homecare continued, group three thrived the best--in that those patients had significantly fewer psychotic problems and were able to participate better in work and in social life. After eighteen months the experiment was discontinued and all patients went into normal care as provided by state hospital programs which included either in-care or out-care or both. Five years after the end of the experiment however all three types of patients had deteriorated about an equal amount in their socialization and self-care abilities. They had gradually retreated more and more into depending on the care of other people. The book emphasizes that drug prescriptions of themselves have no effect upon schizophrenia. It is only the presence of the drug in the central nervous system which has an effect. Chronic schizophrenic patients cannot be depended upon to take their psychoactive medications merely when they come to out-patient clinics. They cannot even be depended upon to keep their appointments in a clinic. Only an aggressive outreach program is really effective to keep them on their drugs and participating in appropriate activities. Such an outreach program in the community, however, is more effective and less expensive than activity programs or other treatment in a state hospital. From the point of view of statistical results, it is absolutely contra-indicated to remove a chronic schizophrenic patient from his proper psychoactive drugs. There is a certain maintenance dose which he must continue for the rest of his life. In this study a part-time psychiatrist interviewed the patient occasionally in order to check his proper medication. The study also utilized public health nurses who were not especially sophisticated in psychiatric matters. Nevertheless, without the regular visits from these nurses, the families usually abandoned the patients to other institutions or to families other than

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their own natural ones. The book suggests that schizophrenic patients might improve optimally throughout their lives if they were on permanent homecare backed up by a variety of community facilities as needed. Such facilities would include day hospitals, sheltered workshops, hostels, in-patient and out-patient care.

It should be remembered that George Fairweather and Don Miles both emphasized that studies which indicate that certain institutions or professions should alter their traditional way of working will only make those institutions feel threatened and more stubbornly resist change. No institution changes merely because some study reveals to it the truth and the effectiveness of certain ideas or procedures. If such a change does not become stylish and prestigious very few persons will adopt it. On the other hand, professionals and any other people will change to procedures more painful and more costly to them if those procedures become stylish and prestigious.

11. MENDEL, Werner: Some Experiences with a Proprietary Service Organization. Presented at 24th APA Institute of Hospital and Community Psychiatry, St. Louis, September 24, 1972

Los Angeles County USC Medical Center Psychiatry Department found that diagnosis had little to do with whether a person was hospitalized as a psychiatric patient. What mattered was whether he had a current non-medical support group. Many psychotic persons who had community support were not admitted. Many normal persons who had no such support; were admitted after working hours simply because there was nowhere else to go. The cost of admission and discharge for one day was \$200. The department arranged with a nearby Holiday Inn to board for \$8 a day patients who would otherwise have been emergency admissions. Many of these were psychotic but not dangerous. Members of the department then took on a health maintenance type of management. Health insurance companies advised them to locate their clinic where transportation was poor, to see patients only by appointment, to set up a waiting list and to utilize lower paid personnel for screening patients and higher paid ones for treating them. The HMO did just the opposite. It set up a clinic at a crossing of public transport. It used nine VW microbuses to bring in patients who otherwise would have neglected to come. It maintained no waiting list and saw walk-ins almost immediately. It utilized its high paid personnel to screen patients and its low paid personnel to treat patients under supervision. Such policies turned out to be economically more effective because it kept patients functioning better than the methods advocated by the insurance companies. It was questioned whether some poor families might not give very close personal attention in their family homes to a chronic, non-dangerous patient for \$200 a day--or whether a year's vacation in Europe with the whole family at \$200 a day might not do as much good as a year in the hospital.

12. WOODBURY, M. A. & M. M.: Community Centered Psychiatric Intervention: A Pilot Project in the 13th Arrondissement, Paris. AM. J. Psychiat., 126: 619-625

This city ward, with a population of 200,000 was divided into six sectors. Each sector was served by a psychiatrist, social worker and visiting nurse. The target of intervention was the natural family or the loose artificial family within which the psychotic patient lived. Most treatment was carried out in the patient's own "home". Highest priority was crisis intervention. The intervention team, at first, required more support even than the average patient in order to overcome its fears of mutilation, etc. for intervening in the territory of others. Eventually the team delivered treatment more effective than hospital treatment in terms of making patients functional in the community with relative independence and freedom from anxiety.

13. BERGGREN, Bengt: The Nacka Project: Remarks on the Delivery of Mental Health Support by a Mobile Team in Stockholm. Delivered at the World Congress on Mental Health, Vancouver, B.C., August 23, 1977

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A sector of Stockholm (75,000 population) normally supported directly by a large mental hospital and its associated out-patient services, was given over to support by three teams of 13 mental health workers each. Each team was headed by a psychoanalyst who, of course, did not practice psychoanalysis itself in this project. Teams usually contained also a psychiatric resident and an internist. Other members were social workers, nurses and psychologists. All were psychoanalytically oriented. Their work was reminiscent of that reported from Paris by the Woodburys. One-third of time was spent in direct patient care; one-third in consultation with doctors, police, schools and social agencies; and one-third in preventive and community education work. After one year, mental hospital admissions from this sector of Stockholm dropped 27%, number of days hospitalized dropped 10% and rate of suicides in the sector served dropped 10%.

14. CAPLAN, Gerald : The Theory and Practice of Mental Health Consultation, NY, Basic Books, 1970

A sophisticated elucidation of the process of consultation as distinct from teaching or advising. Good consultation enables another professional to do his own work with his own clients better than the consultant could do--especially when consultant and consultee represent different professions.

15. CAPLAN, Ruth B.: Helping the Helpers to Help: The Development and Evaluation of Mental Health Consultation to aid clergymen in pastoral work. NY, Seabury, 1972

By consulting with (not teaching) a council of bishops over a year or so and with the parish clergymen, a whole system of counseling talent was effectively developed.

16. CAPLAN, Gerald and KILLIEA, Marie (eds): Support Systems and Mutual Help, NY, Grune and Stratton, 1976

Descriptions of how formal and informal support systems are developed and maintained, including what professionals can do to promote such activities as widow-to-widow programs, divorce support groups, alcoholics anonymous, etc. Generally if professionals try to bring their professional skills into performing the continuing direct client contact they destroy the work. A professional psychiatrist who has never been a widow is no good at weeping together with a new widow. Nor can he render the same degree of support concerning new social relations. Effective, informal support may include bartenders, beauty operators, neighborhood old-timers, boy's gang leaders...

17. FAIRWEATHER, George W. et al: Community Life for the Mentally Ill, Chicago, Aldine, 1965

"Lodges" were developed for chronic psychotic patients by (1) "cohorting" in-patients into a primary group of five or ten members. This group received practice in working and thinking together before they left the hospital; (2) setting up the group in a semi-autonomous "lodge" requiring practical household work, records, loans, information about drugs from local pharmacists, etc. Members were made responsible for each other. A psychotic member with no insight into his own problem could clearly see the problem of his fellow and insist successfully that his fellow behave normally; (3) the patient group operated an income producing business (usually janitorial or light construction). Members divided the group's income in accord with the productivity and responsibility of each member; and (4) the group elected its own leaders and other role players. Professional staff supervisors were destructive to the program. Eventually lay accountants or other helpers were useful when hired by the lodge members.

A decade of follow-up showed that most lodges survived only a few years--like many other businesses--before they broke up. This phenomenon led to the reference below:

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18. FAIRWEATHER, George W. et al: Creating Change in Mental Health Organizations, NY, Pergamon, 1974

In order to change organizational structure and behavior, political dynamics are more important than dissemination of the most incontrovertible scientific information. The book lays out some general principles for coping with prejudice, self interest, interpersonal relations, struggles for power, destructive competition, etc. but it presents no sure prescription for dealing with the unpredictability of local political forces.

19. ELLSWORTH, Robert B. et al: Hospital and Community Adjustment as Perceived by Psychiatric Patients, Their Families and Staff, J. Consulting and Clin Psychol--Supplement 32: 5 pt. 2, October 1968

20. POLAK, Paul: Patterns of Discord: Goal of Patients, Therapists and Community Members, ARCH. Gen. Psychiat, 23: 277-283, September 1970

Patients, therapists and community or family members have discordant treatment goals. Most patients want to get to a position where their families and neighbors will no longer wish them in the hospital. This is more important to the patient than merely having his therapist satisfied that he is well. Therapists have a high degree of concord among themselves concerning diagnosis and treatment goals. Reaching these goals enables therapists to discharge the patient. But such goal attainment seldom enables the chronic patient to live acceptably in the community. Patient's behavior in treatment settings, whether hospital or clinic, was largely unrelated to his behavior in other settings.

21. BROOK, Bryan et al (Poliak's Group): Community Families: An Alternative to Psychiatric Hospital Intensive Care. Hos. & Community Psychiatry, 27: 195-197, March 1976

The southwest Denver Mental Health Service has a catchment population of 105,000. Since February, 1972 five homes have provided housing for two, each, psychotic patients who are too sick to be handled by intensive crisis intervention alone. The average stay of the patient in the family is ten days. The patient has his own room and helps with family chores. A psychiatric nurse and another clinical staff member from SWDMHS provide twenty-four hour back-up service to each home. Some rapid tranquilization is used. (POLAK, P. and Laycob): Rapid Tranquilization, American Journal of Psychiatry, 128: 640-643, November 1971). Follow-up showed no disadvantage of foster home treatment compared with mental hospital treatment. The ten beds in foster homes were sufficient for southwest Denver's needs. In four years 220 clients were managed in these homes.

22. MURPHY, H. B. M. et al: The Influence of Foster Home Care on Psychiatric Patients, Archives of General Psychiatry, 33: 179-183, February 1976.

Six different administrations in three different Canadian Provinces were studied with 106 adult psychotic patients. All were examined three times over an eighteen month period. Symptoms improved about as much as they did in hospital care for similar problems, but hospital patients became slightly more sociable during their treatment. Foster home patients did not.

23. BELLAK, Leopold: "Nature and Interactions of Community Psychiatric Treatment and The Schizophrenic Syndrome" in West, L. J. and Flinn, D.E. (eds). Treatment of Schizophrenia: Progress and Prospects, NY Grune & Stratton, 1976 pp 245-262

Effect of community on schizophrenia in past decades: troublesome schizophrenic patients were sent to distant hospitals with sometimes 500 patients for each psychiatrist. Decreased personal stimulation in a monotonous environment as low person in the hospital hierarchy often led to clinicians to think that schizophrenia was associated with a form of

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tuberculosis bacillus (since most patients developed tuberculosis) or else clinicians thought that the need for self-inflicted wounds was caused by the disease rather than by the hospital's lack of stimulation for the patients. Such hospitals were very effective at de-personalizing patients, destroying their egos or setting up bizarre roles which cried out for a patient to fill them. Care for patients in families or in small institutions close to the patient's own criticizing community profited a majority of schizophrenics who were so managed.

Effect of schizophrenic persons on the community: just as the schizophrenic person in the large hospital with inadequate personnel stimulated the hospital to de-personalize him, so also he stimulated his family or his small community care institution to de-personalize him. Sometimes he became so disruptive to a family that children developed poorly and family members lived in fear. (Perhaps this problem could be alleviated by clinicians who make home visits to insure proper medication and who train family members in behavior modification or other management techniques). Several successful programs are described which successfully manage patients in communities. Usually this management involves very close and continuous coordination between hospital, community service and families.

24. FLINN, D. E. et al: "Integrating the Treatment Approach to the Schizophrenic Syndrome" *ibid.*, pp 265-284

There is very convincing evidence that schizophrenia has a purely genetic cause. There is equally convincing evidence that the whole complex of schizophrenic symptoms is caused by family influences, cultural roles, toxic chemicals. There is even evidence that schizophrenia is all pure mythology. There have been convincing cures of schizophrenia by means of purely psychological methods such as behavior modification or psychoanalysis; by chemicals such as megavitamins or psychotropic medication; by moral treatment or rest therapy, by ECT or insulin shock; by psychodrama, milieu therapy, therapeutic community, family treatment... Clinicians--perhaps boggled by the seeming chaos of etiology and treatments--tend to specialize in one or two theories of etiology and one or two general methods of management. Since Bleuler's time (1911) many discerning thinkers have considered "the group of schizophrenias" a many-sided disease with multifactorial etiology. Treatment and management should be tailored to the particular stage of development of the particular patient and the particular political situation.

25. PATTISON, E. Mansell: "Psychosocial System Therapy" in Hirschowitz: Ralph G. and Levy, B. (eds): The Changing Mental Health Scene, N.Y. Spectrum, 1976 pp 127-152

Pattison is reluctant to use the word therapy for intervention with social groups such as families, neighborhoods or industries. He thinks that the word was developed in reference to the intervention in a problem considered to exist only within a particular individual who is being "treated". Consequently, Pattison talks of psychosocial caring and applies it to an array of supportive systems. The therapist may intervene directly and confidentially with a single nuclear family. At the other pole the therapist may cooperate with a natural support group such as a neighborhood gang, industry or political organization as it goes on to support its members in its own peculiar way.

Systems intervention began thousands of years ago when the tribe attempted through the Shaman to re-integrate a needed member. This was considered a social political action. Today many persons recognize psychiatry and indeed all medicine as essentially a politic action. The individual healer must act in approximate accord with the contemporary standards of his professional associates and of the competitive peers in his institution and of the citizens of his community. He cannot do mouth-to-mouth resuscitation for instance if it is seen as too sexy or nasty (USA 1776-1950). He cannot recommend a caring prostitute to a sexually ignorant or unconfident patient (USA). He cannot perform abortion

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if the community sees it as a type of murder (USA 1776-1960). A male obstetrician cannot deliver a baby if the community of families sees the delivery as an invasion of feminine privacy (China 1500 BC - 1947 AD).

One-to-one intervention developed when the society was so urbanized that (1) the individual's hands were not necessary for the economic survival of the village and therefore it was not necessary to return the patient quickly to the same social system; (2) the competition of industrialized workers for jobs made them wish the patient would stay out of competition with them anyway; (3) there were other societies with different value systems available for the patient to move too, thus the patient could hopefully be helped to move to better fields where he could realize his own peak potential. Thus for an urban society to pressure him back to a traditional normal life would be to cheat him out of his private thoughts.

Pattison advises recognition of five levels of intimacy in psychosocial care. The broadly skillful therapist should develop ability to function in whichever of these levels may be currently and politically appropriate for the problem...

- 1) The intimate system: e.g. the nuclear family, the extended family, the neighborhood network. This is exemplified by Whittaker, Minochian, Speck. The therapist, is here, the treating agent.
- 2) The temporary social system: e.g. hospitals, day care centers, multiple group or family treatment centers. In such therapeutic communities the therapist directs the temporary milieu to have an impact on the patient. This is exemplified in Artiss, Maxwell Jones, Folsom. The therapist is a treatment director.
- 3) The ecological system: The patient is linked to a "library" of organized support systems, e.g. training institutes, foster families, welfare services. The patient often has an ombudsman. Exemplified in Polak and Hansell. The therapist is a systems coordinator.
- 4) Kin replacement systems: Here, self-help groups substitute for the natural roles which would have been available in a complete extended family as it dedicated itself to a single kind of problem, e.g. Alcoholics Anonymous, Big Brother Clubs, Widow-to-Widow groups. This is exemplified in Caplan. The therapist is a systems collaborator sometimes he may be a consultant to the system.
- 5) Associational systems: The social group integrates the patient as a member who participates in all aspects of natural life, e.g. neighborhood gangs, church groups, social clubs. The group doesn't concentrate on a single type of problem. The therapist here is not a powerful part of the system, he is simply a systems cooperator. In fact, professionals trying to act as experts in systems (4) and (5) may be very destructive to the patient's welfare.

In order to simplify the many varieties of family, Pattison polarizes them into two types: (1) the close-knit nuclear family is sutured into its traditional, ancestral roots by strong bonds of filial duty on the one hand between grandfather, father and son, and on the other hand between grandmother, mother and daughter, including generations of in-laws which are bonded also along gender lines. Such a family is primarily interested in giving acculturation and emotional and general economic support to its members. Bonds between husband and wife are relatively unimportant. Prestige accumulates especially to the older members--generating honor and power for the ancestral roots; (2) the loose-knit family sutures husband and wife together in a strong affective bonding. Parents maintain the hope that the child will become independent of the pressures from the past generations and will gather individual power from relations with organizations and persons outside the

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family--with schools, gangs, industries, churches, government offices, etc. The family hope is that the child will enter a better world which may be alien and mysterious to the nuclear family but which the nation considers an improved life. Nuclear families generate history for the nation rather than solid support for the ancestral line. Nuclear family values are defined by the nuclear family itself and by its neighbors and peers, not by ancestors.

Pattison found experimentally that normal persons lived in a group of about thirty persons who had frequent contact with each other with strong (usually positive) reciprocal affect and easy instrumental availability. Nuerotic persons had about ten people in such a network with a low degree of interaction. Psychotic persons had about five people in such a network with ambivalent affect and excluding everyone outside of the five.

Typically, the poorer class of urban ghetto families are neither strong nuclear families nor extended families with blood kinship bonding. Rather, they are associations of thirty or more people bonded by neighborhood or occupational friendship ties. The bonding is strong and effective, it can be utilized in psychosocial system caring as a very powerful force for behavior change.

6

ALCOHOL AS THE TRIBAL BLOOD OF MODERN BUSINESS

By M. D. Parrish

A group of business executives gather at a conference resort on Sunday evening to begin a week-long workshop in management methods or to plan the future operations of an industry. Typically, they have a cocktail party or else they belly up to the bar.

A university department desiring to make its members work together more congenially and efficiently provide a cocktail party for the professors and their wives.

Why do these people use alcohol? Why don't they relax with capsules of phenobarbital? Such a drug would have the same physiological effect. Why indeed do they use any chemicals at all? Why don't they just get together like members of a teetotaling extended family on a Sunday afternoon?

Does the increased competitiveness and isolation among modern business university, government and military executives reinforce their drinking? These executives are seldom related to each other by blood. They are related as individuals only because the offices they fill are related to each other. An individual's identity and his importance to the other members fade away if he moves out of their field of work--as for instance, if he changes his profession, gets a chronic disabling illness, or goes to prison. His relationship to his kin folk is not disturbed of course and if he had a blood kinship to his colleagues he would still be one of them. They would recognize him, understand him, and trust him for what he always was within the eternal blood kinship.

The corporate pooling of creative planning among executives in big business, university, or military organizations, demands a close bonding. For these modern men, alcohol takes the place of family blood. It relaxes them, it makes each one believe that the other one is a little foolish too. Everyone is a little less on guard. Each communicates with the other less explicitly by language or eye contact and more by the tactile feeling of closeness and comfort within the group. For everyone is inviting comfort, relaxation, and satisfaction from the same source--from the liquor provided by the highest ranking member or perhaps by the institution. The society present is a group of pseudo brothers and sisters being provided milk from the same mother. You can sometimes see them nudging in for a place at the bar like a litter of piglets at a sow.

In this paternal bonding they get to know each others emotional limits. They also develop mutual blackmail possibilities which further increase the bonding. They begin to feel that anyone who has not become half drunk with them is not a true and trusted member of this group.

Coworkers or neighbors are particularly prone to alcohol when they are essentially equal to each other except in their ranked positions at work. They need to get along with each other and work together loyally, but their relations to each other are not provided by blood. Consequently, they tend to be isolated and lonely as individuals or as small nuclear families. Alcohol quickly provides for them a chemical kinship in place of a blood kinship. Thus, alcoholism is a national problem among the self-isolating French who have an aristocratic tradition but have been forcing equality upon themselves. It is not so much a problem, however, among the Patriarchies of the blood-blonded Italians, Spanish, and Greeks. Nor has it been a problem among the Jews.

Alcohol may wreck the functioning of human individuals, but most modern commercial

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nations which do not function on a strong family basis have found alcohol increasingly necessary as a catalyst for their cultural functioning. Alcohol becomes at once the mothers' milk and the family blood of modern enterprise.

MY VIEW OF COMMUNITY MENTAL HEALTH

Matthew D. Parrish, MD

A LITTLE HISTORY

The community mental health professional concerns himself with the family, the neighborhood, the school room or the social system which produces a member with a mental disturbance. He does not necessarily become purely the advocate of the person manifesting the disturbance--as the person's private physician or lawyer might do. This community approach can be found in some primitive tribes now or a thousand years ago. But, in the United States it appears that the psychiatric aspect of developing community mental health systems of today had their origins in 1942¹ in a small clinic in Ft. Monmouth, New Jersey when a single U.S. Army psychiatrist began to consult with company commanders and other community leaders concerning the rates of psychiatric problems which arose in the Army units or housing areas for which those leaders were responsible. The psychiatrist had a particularly good purchase on one end of the problem because he was interviewing the community members with the manifest symptoms.

As time went on Army and Navy mental health teams and the leaders of the service communities concerned themselves with such problems as suicide or delinquency rates within the community whether or not health care professionals had ever seen the person who committed suicide or engaged in delinquency. Unlike hospital teams, these teams did not allow their citizen to think they were taking possession of either the patient or the problem. The community could not merely sit back and wait for the team to correct this part of the problem. The community was a part of the treatment team.

The community mental health programs developed in the field communities and spread through them. Only much later did the teaching and practice reach the great hospital centers.

Mental health professionals never presumed to evaluate and "diagnose" the problem of a company except as a participant with other community staff such as commanders, teachers, police, lawyers, chaplains, physicians. Thus, mental health consultants were not a new species of professionals trying to save society, rather they were old species with an insistence on collaborating with community leaders, staffs and citizens on prevention and/or management of impaired effectiveness.

The Armed forces have one great advantage in the development of community mental health, or indeed, any medical procedure; they have a large captive population. Whenever the serviceman moves his record remains available to his new doctors. Medical and personnel records show the eventual outcome of any form of management tried upon a patient. Furthermore, the computerization of such records allows researchers and administrators to determine statistics what specific interventions were most effective and even what individual workers were most effective.

Some of the measurements of effectiveness go beyond the usual evaluation of symptoms. These measurements include the effect of mental health support upon a unit's ability to produce efficiently--to build their bridges, hit their targets, transport their supplies, etc. The service can measure the cost to its mission of such manageable factors as absenteeism, accidents, alcoholism, internecine strife, preventable disease (malaria, dysentery, VD, obesity). In civilian life it is easier for both patients and health care workers to become estranged from the researcher, the court or the public health professional.

An example of community mental health collaboration upon an Army problem is the "Stockade Program" from 1956 to 1959. The Army, in 1956, began to require that mental health consultants must collaborate on the case of every soldier being considered for court-martial or board action. There was never any doubt that the case belonged to the commander and in some respects also to the court. But, mental health professionals, correction

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officers, chaplains and lawyers all collaborated in the program, if not on every case. Often, for instance, a psychiatrist would recommend transfer, discharge or further training but the commander would insist on punishment. All recommendations went to a central personnel file. If the punishment did no good, and at a later date the commander wanted to court-martial the soldier again, the action would bring to light the old recommendation. The commander would have to explain why he was getting into a punishment rut against recommendations.

Mental health professionals kept in daily contact with corrections personnel, school personnel and high commanders. The result of their program was that by 1959 the Army had closed 4 of its 5 big prisons and had consolidated its post stockades (jails) because these stockades were all less than half full. The saving was millions of dollars for the taxpayers and higher efficiency for the Army.

The important point is that their collaboration was done without anyone getting the notion that mental health professionals all by themselves were going to improve the quality of life for anyone.

Below I will describe the development of civilian services--stating first of all the fundamental principle which the Army practiced with and toward which most community services moved.

THE FUNDAMENTAL MISSION OF COMMUNITY MENTAL HEALTH

The mission of community mental health is to help natural communities to take active responsibility for their own problems of non-effectiveness.

A natural community would include a family, a neighborhood, a church, a school, a business or industry. These are the communities in which people naturally work and live most of their lives. Hospitals and jails are less natural as communities.

Non-effectiveness includes mental illness, mental retardation, delinquency, learning difficulties, severe accidents, etc.

It has always seemed to me that a community is merely deluding itself if it thinks it can give its chief of police the responsibility for its high rate of delinquency. The community may hold the police accountable, it may blame the police, but the actual responsibility cannot really ever be given to the police. It is only the citizens themselves who can eventually decrease the amount of delinquency. The citizens must keep their eyes on the street, report delinquencies, maintain high expectations for young people, cooperate with police, develop better educational, religious and recreational activities for all people, etc., etc. The job of community mental health is to remove the delusion that citizens can avoid responsibility for their community's rates of non-effectiveness.

VARIOUS STAGES IN THE DEVELOPMENT OF MENTAL HEALTH CARE

1. The waiting-list clinic. Many of the early mental health clinics consisted of a team of mental health experts who confined themselves to a certain building. They received referrals and walk-ins from individuals who seemed to be having mental health problems. These clinics often handled their overload of patients by putting patients on a waiting list so that those for instance, who were merely having a temporary fight with their families would resolve their problem spontaneously in two or three days, thus saving the clinic a lot of time and effort. Patients who were more serious about a long-term change in their own behavior and feelings could be counted on to stick to the waiting list and cooperate with the staff until they really made some changes for the better.

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2. The crisis intervention clinic. Later many mental health teams found that the patients who were in the middle of an acute crisis--such as a fight with their family--were ready for a rapid and thorough change and could be helped by immediate intervention. If the crisis passed spontaneously these patients sank back into a habitual monotony of discomfort. Mental health teams then found they had to work many months to effect a change in the patient or his family.

At first, the mental health teams would carry on their crisis intervention by maintaining an open house for walk-ins which were handled immediately and on the spot. Later on, many teams found that they could handle crises more effectively if they met with the patient and his family or neighbors in the place where the crisis occurred. In other words, they made home visits or neighborhood visits which revealed a great deal more about the problem and gave more leverage upon it than was possible in a clinic.

Nevertheless, in waiting-list clinics or crisis clinics of all kinds, the assumption was that the patients knew little about mental health. The mental health professionals or para-professionals had all the knowledge and it was their duty to help the ignorant.

3. The consultation service. Here the mental health professionals consult with professionals in other fields who are responsible for a set of clients of their own. Thus, a psychiatrist or psychologist would consult with a teacher, a lawyer, a minister, a prison manager, a shop foreman, etc.. The mental health expert would help the other professional to clear his mind of prejudice or fears which were interfering with his normal management of his own clients. Thus, a teacher was helped to improve his own teaching work. The mental health expert, however, did not teach the other professional; he did not direct the other professional; he did not, himself, take over the care of the client. He merely helped the other professional to think more clearly about his own work and comfortably to take responsibility for clients. Thus, in the consultation service we have professionals dealing with other professionals, not with clients nor with patients.
4. The development of informal support systems. Later on mental health professionals found it effective to promote the development of groups of volunteers such as alcoholics anonymous, La Leche, citizens leagues, widow-to-widow programs, mastectomy groups, colostomy groups, etc.. Such informal groups never consist of professionals.

If a physician belongs to alcoholics anonymous, he belongs because he is an alcoholic, not because he is a physician. A non-alcoholic physician may, of course, support alcoholics anonymous, recommend it to his patients, or confer with community members on the development of alcoholics anonymous groups. The members of these groups however are most effective because they are not professionals.

An older widow understands a young widow's problems because the older widow has been there also. The two widows weep together, they work together, they help each other, they do not provide professional advice, teaching or treatment. They are equals who are helping equals.

The nursing profession has become particularly adept at developing informal support systems because the nurses see this as a part of their fundamental nursing mission of developing self care. The modern nurse thus helps the individual patient to take care of himself better--learn how to give himself insulin shots without contaminating, learn why he must adhere to certain diets, etc.. The nurse also de-

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velops a concern for health care in the patient's social surroundings. Thus, it has been easy for certain community mental health nurses to move from crisis intervention in homes, or from consultation with teachers, onward to the encouragement of informal support groups as needed in a community. Some communities have a lot of mothers who have to care for young children all by themselves, other communities have a lot of alcoholics, a lot of very old people, divorced people, or other high risk groups. Community mental health professionals collaborate with other concerned citizens to develop support systems for these high risk people. They develop not only the formal support systems such as recreation programs, hospitals, mental health clinics, boy scouts, etc., but they develop the highly effective informal support groups which do not directly utilize professionals.

In summary then, the past fifteen or twenty years have seen citizens become more active in trying to control local rates of non-effectiveness. Mental health agencies trying to improve the community's problems have not remained confined to their own offices, but have expanded to include crisis intervention consultation and development of informal support systems.

MANAGEMENT OF PATIENTS PROBLEMS WITHIN THE COMMUNITY

Certainly a community such as a neighborhood, a family or a church will easily lose its feeling of responsibility for its own citizens if those citizens are shipped fifty or a hundred miles away to some beautiful and isolated institution such as a hospital or a prison. In order to improve the effectiveness of community responsibility and therefore to decrease the rates of non-effectiveness, Illinois has in the past ten years tried to develop a local community care for local patients. It is thought that the cost per day for a patient in a 3,000 bed mental hospital is very small. A local unit with only ten or fifty beds is less efficient mechanically. It costs more per day while the patient is institutionalized. But the cost is a lot less when you count the total lifelong patient care--a spell or two of inpatient care; a spell of partial hospital care; some time in a sheltered workshop, foster home, etc.. Home visits are easier, crises are easier to handle, the pressure and the expectations of the patient's natural social groups are strong upon him, local informal support systems know him well, and can contain him. He spends less time in the hospital.

Many of the newer community mental health systems consider that a symptom is a communication from a person or a family, for instance, to some other part of the community. The symptom indicates that something is wrong with the community's sanitation, education, discipline, etc. The patient may be seen as a medium of communication. The patient is like the paper upon which a message is written. If we eliminate the symptom, we may relieve the patient but we probably will not relieve the problem within the community. Eliminating the symptom in this case would be like erasing some bad news from the paper on which it is written. Of course it is important to relieve symptoms even though such relief is not the end of community mental health management.

When a family or neighborhood is in great turmoil it may be necessary to hospitalize or to jail a member of the community. At other times when the community is in turmoil, it may actually make things worse if we jail or hospitalize the person whom everyone is complaining about. In order to decide whether a person needs to be hospitalized, it is often not sufficient merely to examine that person. It is necessary for the mental health professionals to evaluate the social background and the community which produces that patient. For instance, a patient may have nothing physically or mentally wrong with him as a person, but if he remains in the community for the next two or three days, the turmoil may escalate to the point where he or someone else is killed. On the other hand, a patient in the hospital may have dia-

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betes and need to have his medication and diet adjusted. Hospital personnel may find it most appropriate to continue the hospital regime. The professionals who work in the community however may find that the family is about to move away or otherwise to close ranks, and to exclude the patient if the patient does not quickly return to his neighborhood. Following these principles, the army's mental health consultants working outside the hospitals determine what patients should be admitted or discharged. It is seldom that professionals working exclusively in a hospital office can know enough about the disturbed social system to determine whether a particular member of that system should be in or out of the hospital for mental reasons.

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SUPPORT SYSTEMS IN SPECIAL EDUCATION

By Matthew D. Parrish, M.D.

Consider all the new services the United States has tried to institute since 1960--education of all kinds, public health, mental health, welfare programs, and even foreign aid. Many developers of such services complained that the Federal Government funded institutions for only a year at a time, and consequently the institutions couldn't plan their activities over a long enough period as to make great changes in the professions. Since this complaint arises because each institution sees itself as an individual with a birth, a growth, and a death, it has to worry about dying every year. In the past, individuals have attempted to gain immortality by participating in the growth of an eternal family, profession, or nation. These institutions were a one-step higher organism than the individual. But like individuals, these institutions are all too mortal. For the predictabilities possible only in long life we must look in social organisms of a higher order than mere professions, or schools, or perhaps even nations.

Suppose, however, that the Leadership Training Institute, as an example, saw itself as a member of a group of ever-changing institutions which included among its members the Federal Government and the many professions related to education. Then, as the unpredictable "future sh~~s~~" needs of our society kept sprouting up, the group of institutions could keep current with the rapid changes, but no one institution would have to maintain the same character for very long. Thus we could expect the individual Leadership Training Institute to die out, but other sorts of institutions would take its place, and growth would continue in the community of education, eventually perhaps a planet-wide community.

I notice many social forces which change education and force further development of educational support systems. For instance, the current decrease in

birth rate will result in fewer jobs in traditional education. Machine-teaching and milieu-teaching will further decrease traditional teaching jobs. As Women's Lib gets under way, however, teaching can do a wonderful job at keeping small children out of their mother's hair. It can also keep the increasing numbers of octogenarians busier, happier, and more lively in their thought than nursing homes ever could. As machines take over more production and more service, remedial education and continuing education become a safe way to keep adults off the labor market. Education is often considered a form of psychotherapy, just as psychotherapy is a form of education. The same applies to Corrections. Accordingly, we can expect that schools will increasingly take the place of psychiatric clinics, hospitals, and prisons.

I think that at this point in history there is some value to the careful discipline and the objective detachment of the academic mind, but unless the same teachers and consultants can also exercise a subjective emotionally involved manner of facing persons, then they are certainly crippled when they come to deal with the mentally retarded. To the academic mind, a person of low intelligence does not seem especially strange nor stultified if he remains quiet at some distance from other persons and uses only his eyes and ears to pick up information. The pure academic recoils, however, when the child communicates in wordless grunts and gestures, and especially when he tries to pick up information mainly by touching, stroking, and tasting his observers.

How did this great difference come about between the academic intellectual, with his objective inspecting attitude, and the non-intellectual person with his subjective embracing and tactile attitude toward other people? Well, I think the academic attitude bloomed in Western Europe when some of the monks in the Middle Ages began to see themselves as the conservers of written tradition. Instead of trying to develop a reservoir of folk lore in the hundreds

of dialects which the monks had spoken as mother tongues, they learned Latin as a common language, which gave them all a standard disciplined and objective way of communicating. They developed a great reverence for the written Latin word. Thus they detached formal thought from emotion. They inserted a delay in human communication. They cooled down and formalized impulsive and emotionally laden thoughts before they reached any conclusions or took any action. For instance, a monk whose mother tongue was Neapolitan Italian would have a wildly thrilling Neapolitan thought. He would standardize this thought into Latin and communicate it to his brother monk, whose native tongue was Cracow Polish. The brother would translate that Latin into his mother tongue but it had lost a good deal of its impulsive freshness. The thought had become purely intellectual. People of those days would say that human beings were more civilized than dogs because dogs inserted no contemplative delay between impulsive idea and action. The thought of monks was even less doglike because it was essentially written thought. It was a literary-intellectual activity. Peter Abclard and other monks established a faculty of literary-intellectuals at the University of Paris. This monastic rational disciplining of human thought persisted into what we call "science" and "research."

But only a few centuries after the founding of the University of Paris a great catastrophe occurred to this highly disciplined way of thinking. Luther and Gutenberg de-elitized the Word by translating it into the vernacular, and mass-producing it. Now every citizen could carry the Word of God around in his pocket. Eventually even the academics dropped Latin, thus lowering the objectivity and the intellectuality of human thinking. At the same time, this revolution made more accountable rational the everyday thinking of common people. As masses of people became more literate in their own vernaculars they became more aloof and objective in their everyday human contacts. Fewer people were

stabbed or stamped on, also fewer were tasted, smelled at, or embraced. The retarded child, who relied largely on his taste, smell, and touch, became more alienated. Parents, instead of seeing that child as an asset for manual work, or as a loving family member who would not abandon them in their old age, saw that child as a threat to their intellectual prestige.

As the Renaissance developed, people began to disdain those adults who acted "like children" or who were broadly expressive emotionally, and who sought a lot of body contact. Some psychotherapies in the 20th Century intensified this attitude when they sought to intellectualize life itself, and to de-emphasize the senses of taste, smell, and touch in the process of healing. At the same time, they emphasized the use of hearing and sight. Whole cases were written up in literary form, as if the mere organizing and disciplining of thought into a formal and objective and publishable way of expression would enable future patients and therapists to solve new case problems.

This Renaissance attitude—persisting to 1974—runs into trouble when we try to train teachers and counselors in a literary-intellectual manner to handle objectively, aloofly, and scientifically these life styles of the disadvantaged children who live by over-emotional, subjective, all-embracing, tactile, and olfactory approaches to the world. The academic person is repulsed by this close, embracing, irrational life style, while the disadvantaged person is alienated by the literary-intellectual style.

Well, there would be nothing too sad about running our whole educational system on this aloofly objective, literary-intellectual method except that most teachers and counselors have a good deal of subjective human compassion in them. They handle the disadvantaged child very well. But they throw away all their skills in this field when they come to meet in a university or in a workshop like ours, where they discuss these problems in a group of their professional peers. The group feels it must live a literary-intellectual life

for the duration of the conference. No one raises his voice. Sylvia, our editor, keeps complaining that the tape recorder won't pick up our voices. Everyone uses big words and many acronyms, which are symbols of symbols of symbols. Papers written for preservation on a library shelf are delivered to a living, breathing group in the same linear monotone one would expect to receive from the printed book itself.

We're not using the language of the disadvantaged child, nor even the eager language of the gifted child, and I doubt if our thinking exclusively in this academic way will improve our skills with these children, nor will it help us to teach the teachers of these children. We would only lead those teachers deeper into an intellectual morass. Teachers who are overly childish and subjective in their thinking do need some literary academic training, but those who have become too academic need some experience with subjective, emotional, childlike, slobbery, smelly, embraceable flesh. Furthermore, they need to lay out some of these feelings and experiences in a conference. I know that you can do it here.

Jean McCarthy described to me a difficult case of a 6-year-old black speechless child. Part of the solution to that case rested on the fact that when she ate lunch with her psychologists they said she smelled strongly of cologne. That was because the child--like many disadvantaged children--loved to live in a world of smell. He often doused himself with cologne. Jean had had so much body contact with him that she absorbed his fragrance. Well, I think any of you here might have the same experience but I can't tell it from the way you behave in this conference.

I fear that if a student of special education methods were to see you in this conference he would conclude that your highest concern was academic excellence and that skill in living with disadvantaged or gifted children carried a very low prestige.

Aloof Professionalism vs Infiltrative Service

Many stage performers feel that the audience which pays them are really a bunch of numskulls who don't appreciate good art. "These Washington audiences don't know how to applaud a good performance." Doctors complain of the patients who wake them up in the middle of the night with non-emergencies. Lawyers complain of the legal stupidity of their clients. Teachers often see their students as some inferior class of ignoramuses who are poorly motivated for the education being forced upon them, and who are poorly prepared for the classroom into which some other teacher has promoted them. Thus, it seems to me, that for the average professional, the clientele is a sort of enemy. Many clients are uninteresting and even threatening. The professional stands aloof on his stage and tries to remain one-up on his client. I guess he feels that otherwise the client would not respect him and his superior knowledge. Students or clients who are in trouble, however, really don't need a professional expert who is one-up on them. They need a friend. They need someone to sweat along with them a little, and thus the new arena of professional work has become a modern theater-in-the-round in which the players infiltrate the audience and work beside them.

After all, education acculturates children so that in later years those very children can creatively acculturate the educational system. Thus, education seems to be a great mosaic, a checkerboard mixture of teacher and student, in which both learn from each other. This mosaic results in a pooling of all talents in the group—a pooling of emotional energies and of personal desires. The results are more creative, and therefore less predictable. The resulting education is of higher order, but it maintains no prestige gap between the professional teacher and the naive student.

If there is one model of service which is more elitist than the educational model it is the medical model. The traditional physician is always one-up on his patient. He is not sick--his patient is. He is not ignorant of how to manage the problem--his patient is ignorant. In psychiatry, the feelings of the patient are analyzed, put into their pigeonholes and called transference or defense mechanisms, etc. But up to now the patients have obtained no chance to analyze the very important physician's emotions in this encounter. Yet it is this medical model which many educators imitate. They act as if they want to be counselors or psychotherapists in this elitist manner.

The professional falls into an almost intolerable ambiguity when he tries to live with all this mosaic effect, all this negotiation, all this business of being a friend to each other. On the other hand, he can obtain an absolute certainty of confidence if he follows an organized linear method of surveying (physical examination), categorizing (diagnosis), formulating objectives (treatment plan), making a contract with the client (prescription), fixing accountability (holding the patient and the physician each responsible for his own duties in the medical contract), surveying the results (followup examination to see if the cure was lasting or if the learning had been retained for life).

This linear method of work, however, tends to become a mechanical method. It forces clients into prearranged categories, and as Lao Tse said, "The categories are the mothers of the 10,000 things." We begin to feel that it is illegal in our profession to think a thought which will not fit into one of the professional language categories, easily understandable by others of our professions. Accountability can be mere scapegoating. "Joe is accountable for that aspect of the problem. I don't have to worry about it. I'll only

worry about my own accountability." Thus we no longer have a mosaic. We have a pile of colored rocks.

Who's in Control--the Deliverer of Service or the Client?

Some consultants advocate that the deliverer of service, such as the physician or school administrator, should select his own clients according to his skills and interests. They want a teaching hospital to select only those patients who are useful for training purposes. They think the client would suffer if the technical advisor tried to do work he was not interested in or was not adequately trained for. Other consultants, however, advocate that the client should present his peculiar problem and the advisor should learn how to solve that problem. Perhaps an individual advisor might collaborate with another individual advisor of different skills, but if technical advisors as a whole avoid certain types of problems which face the client, then the profession will never learn to move into a new field which is becoming important to society. It would seem best for the advisor and the client to negotiate about the problems--each bending somewhat toward the other. If a patient or a project is non-viable, then the hospital or the technical advisor can help it to die gracefully.

But what if the state school official resists the technical advisor, even though the schools under him desire the consultation? Well, food manufacturers had this problem when they wanted children to eat a lot of their breakfast foods. The mothers said, "I'm not going to buy that sawdust for you children to eat. Bread is better." Accordingly, the food manufacturers in their advertising did not try to convince the mothers. They got baseball heroes (about whom mothers care little) to endorse the cereal. They put toys and puzzles in the boxes. That generated so much desire in the children that the mothers were forced to go out and buy the cereal. Now it seems to me that any such extreme methods would get us into trouble, but if we can communicate with all

of our potential clients, negotiate with them, and with their supervising officers, then altogether we should be able to improve education. The main thing is to avoid the orientation of an elitist hospital which thinks that the clients have nothing to say about how they get treated--treatment being purely the province of the experts. You either take the expert's treatment or you go elsewhere. Such an attitude can hardly develop any collaborative progress.

If your clientele is not already accustomed to your good services you cannot expect that they will clamor for those services. In Illinois, for instance, we have one of the world's most talented psychologists--Nathan Azrin. About three years ago Nate went around to the hospital wards and asked if they had any problems he might help with. Of course, the wards gave the natural answer for any good institution: "Do you think we're incompetent? We handle all of our work. We don't need anybody to tell us what to do. Of course, we could use a few more hands to help us do the same things we have always had to do."

Nate said, "But I noticed this ward smelled like pee."

"Why of course, this ward is full of profoundly retarded adults. They have peed in their pants every day of their lives. We change their pants three times a day. We are very conscientious. We take good care of our clients."

Nate said, "Mind if I work on their problems and see if I can stop them from peeing in their pants?"

"Be our guest."

Well, Nate and his staff worked on that problem for months and finally developed a way to teach a ward staff, in about a week, how to get their clients to use the bathroom, just like any other adult. Furthermore, it would only take the ward staff about three days to train the clients. After that:

no more smelly clothes to wash. It seems unbelievable, but that's what happened.

Were the hospitals overjoyed at this? Well, the wards who first took up this new training were enthusiastic. The wards smelled sweet, the staff had less work to do, since now they had only to keep reinforcing their clients properly. Nevertheless, wards that had not yet taken up the new practice were not eager ever to take it up. Furthermore, some of the wards who had learned to think more and work less eventually decided that they would rather go back to the old routine way of handling their clients--just change their pants when they wet them.

Now there's nothing abnormal about the staff's behavior. It's perfectly human. I think also there's nothing abnormal about the people in this conference who absolutely refuse to write a paper in language as interesting as they use in ordinary conversation. In fact, it is natural for them to avoid ordinary conversation even in a living lecture. They have been trained, inadvertently, to restrain their emotions, use big words, and keep their muscles stiff.

I'm sure that Nate Azrin could teach us all to change our modes of expression and to adopt the easy-to-understand language which we all know. But the experiments indicate that we would soon lapse back into our traditional ways of being unexpressive and hard to understand.

A client institution will change if the consultant begins by putting himself in the client's own position, seeing the needs as the client sees them, and then changes himself along with the client institution--perhaps changing himself to something he could not have predicted. Otherwise, however high the consultant's authority and however complex his skill, he is only deluding himself if he thinks he is in control of change programs when the client institution does not want to be changed.

A good consultant finds mental health staffs have more resources than he does. He simply unswaddles those resources. He is like a Michelangelo who sees a damaged block of marble and says that a statue of David is inside that block and is only waiting to have excess stone chipped away so he can reveal himself.

An institution or a community usually has resources which it has avoided using, or simply has no idea how to develop them. Consultants from Harvard Medical School in the past three or four years have helped to organize widows into services for other widows. No doctor, teacher, or lawyer who is not a widow can really grasp the problems and the emotions that a new widow faces. The older widows, however, offer discreet and dignified but very personal help in the most crucial period, usually beginning a month or so after the husband's death. They may even weep with their clients. Any town has widows but as a community it may not encourage them to help each other.

How would a consultant help a widow-to-widow program to emerge? Well, he might simply meet with a group of widows and stimulate them to think about what new widows have to go through. They would talk about their own knowledge and find that it was shared by most other widows. For instance, there's the man who was president of her high school class, a dependable life-long friend, and there's the husband of her best friend. Suddenly these men seem to think that what she needs is sexual service. They come around and offer this service. She doesn't expect that. The world is upside down. Then certain salesmen come around and say, "Your husband ordered all this stuff. Where shall I put it?" She thinks it was her husband's last wish, so she accepts all this expensive stuff. Then there's the insurance people, the Veterans Administration, the estate settlement. And those things usually hit a widow a few weeks after her husband's death, when her relatives have begun to withdraw the emergency support which they provided for the first few weeks of widowhood.

The widows, in their group, share this knowledge and make plans how they can, perhaps through a church, offer themselves graciously as helpers to the new widow. As they begin to provide such help they share their experiences and increase each other's skill. After that, they encourage the development of other widow-to-widow clubs throughout the nation. Many cities have them now.

Likewise, in every school system I would think there are many students, teachers, and administrators who have had life experiences which would make them extremely helpful in certain phases of teaching or helping people with special problems in education. It would seem that teachers have a lot to teach each other but they need to have certain hours set aside and encouraged for that purpose. For instance, some teachers are extremely skillful in getting small groups to teach themselves with earnest concentration. Other teachers, even subordinate to them, could participate in the activity of that group classroom and come away with a lot of skill themselves. The big trouble is that most teachers, even more than students, have to learn surreptitiously. They feel they cannot appear to be learning. Most schools also deny the existence of the most tremendous teaching resource of all—the fifth graders who can teach fourth graders. There is no time for this, either.

The New Migrant Worker

You speak of yourselves as migrant workers because your salaries and your projects depend on soft uncertain money from government grants. Your projects only last a couple of years and are often terminated before you expect. You seem to desire stable work in one locality, so that you can establish a home territory which becomes part of your identity. Perhaps with a suburban acre and a house you can eventually become part of the landscape as an "old inhabitant," and your children will have a stable territory of origin, with proper

provincial or sectionalistic prejudices. You hear from the Census Bureau that the average American moves out of town every two years, and you seem to think that this statistic is skewed by all the poorly educated people who move frequently. But look around you. How many of your colleagues have remained in the same place for ten years? --especially the colleagues with the higher education and the higher prestige jobs--the deans, the chairpersons of departments, the superintendents of schools, the state commissioners of health or welfare. Are they not all nomads? Do they not go where the new grass is greenest to feed their small families and their intellects?

I cannot see any evidence that you would enhance your personal development by clinging for ten years to a single project in a single place. Not only do you make your contributions and then move on to a new institution, but your current institution terminates itself after making a useful but short-lived contribution to the community it serves. The town, the university community, or the industrial community goes on for many decades, developing and growing as a living organism, but the "cells" of this organism--the human inhabitants and the ephemeral agencies--come and go in rapid succession.

I don't see the value, then, of you individuals clinging to a single job in a single project for many years. This would ruin your development and it would also retard the development of your institutions. On the other hand, if you contribute to your present institution all the skill you have learned from your past institutions, and if you now acquire a higher experience and move on to a new institution, then you may abet the growth of your current institution far more than if you remained there ten years.

Perhaps some administrators, teachers, and technical advisors could arrange for their students to teach them. Otherwise it becomes a fearful and lonely thing to be professional--a certified graduate, stuffed with complete authoritative knowledge in his field. He can never let others think that he

is in need of any new knowledge.

In our school districts we have administrators who are always being called into court unjustifiably, or we have parent groups which provide great criticism and little creative support. Perhaps the administrators could as a group share their knowledge about these things, develop a helpful theory about them, and provide continuing consultation and support for each other over years. But I doubt if they would do such a thing without consultative encouragement and help from outside the school. Educational support systems could promote these things.

The disadvantaged children, the farmers, and the industrialists want things to belong to them, but fortunately you who live by intellect want yourselves to belong to things--especially to institutions--which outlive you. You tend to think five years ahead for your institution, even if your job has only one year to live. It seems to me that your professional group itself has become a tribe or a great extended family, within which you seek recognition. That is your beautiful permanent stability. Your projects and your jobs come and go.

THE ULTIMATE ECONOMIC DEVELOPMENT

A: THE DELUSIONS OF ECONOMIC GROWTH

There is a certain delusion most citizens maintain including many bona fide economists: that material values in society and its businesses can continue to increase forever. For instance, we assume that invested money can always earn some interest--perhaps 6%. Confidence provided by this optimistic delusion may in fact make economic growth continue longer than it would if we dispensed that growth could continue indefinitely.

In the depths of the great depression of the 1930's, this delusional confidence made two things popular at the same time: chain letters and social security.

The Chain Letter Craze

In one version of the chain letter, the letter arrived in your mailbox with a list of five names. Directions indicated that you cross out the top name on the list and send that person one dollar. You then add your name at the bottom of the list and mail copies of the letter to five of your friends. Each of your five friends repeats the process and thus after five generations of such letters, you yourself receive a dollar from each of the 3,125 people. That is five to the fifth power (5^5). In a way these letters constrain the future into providing an income for the present.

The trouble is if you carry five to the fourteenth power (5^{14}) you will obtain more than 6 billion; that is more than the number of people in the world. Thus, the chain of letters exhausts itself long before its fourteenth generation.

The general idea of social security was for old people to retire with a pension at age 65. For the first crop of retirees the pension was paid by taxing the people who had not yet retired. When those people also retired it was found that most of their tax had been spent to provide pensions for the first generation of retirees. Consequently, every younger generation paid taxes to support the older generation and what we really had was not an enforced savings plan, but a transfer of money from today's young people to today's old people.

That scheme worked as long as the younger population rapidly increased. The younger generation has now relatively decreased. There is not enough tax money to support the increasing older generation. Social security's providing retirement at a reasonable age depended upon an ever increasing younger generation so that the future generations could provide income for the present just as the chain letters require an ever increasing number of letter receivers to pay the senders. Eventually, of course, we run out of people.

Politically, citizens behave as if they would like to decrease the death rate, decrease the birth rate and lower the retirement age. This results of course in a very few tax payers supporting very many retirees. Someday the retirees would find that their income had decreased to a penny a year.

Chain letter schemes and the social security scheme were a part of the same style of thinking during the depression years.

But, isn't there some way we can continue to improve—to increase our riches and our comfort? After all, we don't need to worry about running out of materials. If we have enough energy we can get materials from other planets or from underseas. We don't have to worry about running out of energy. If we concentrate on developing intellectual ingenuity we can devise ways of

The Ultimate Economic Development
A: The Delusions of Economic Growth

The rule, then is this:

An original Principal P invested at interest rate i per interest period for n interest periods yields a final total amount $S = P (1 + i)^n$.

Thus, \$100 invested at 6% interest paid back into the account at the end of each year yields, in 5 years:

$$\begin{aligned} S &= P (1 + i)^n \\ &= \$100 (1 + 0.06)^5 \\ &= \$133.82 \end{aligned}$$

The Long-term Uncertainty of a 6% Interest Rate

Let's assume that when the Wise Men came to Bethlehem about 1,975 years ago, they invested for the church \$1 at 6% compounded annually. What would be the value of that investment now?

Using our formula we can figure it out on a calculator in 10 seconds:

$$\begin{aligned} S &= P (1 + i)^n \\ &= \$1 \times (1 + 0.06)^{1975} \\ &= \$9.5 \times 10^{49} \end{aligned}$$

This is an incredible number of dollars. It takes 50 ciphers to write it in full. Is that all the money in the world? How big a mass of solid gold would that be?

We can calculate it.

Consider gold worth \$5 a gram—about \$145 an ounce.
The specific gravity of gold is 19. That is:

1 cubic centimeter = 19 grams of gold

1 cubic kilometer = $100,000^3$ cubic centimeters

or, a one followed by 15 zeros

$\$5 \times 19 \times 100,000^3 = \9.5×10^{16} = value of one cubic kilometer of gold.

That's far short of $\$9.5 \times 10^{49}$, though it would be 8 meters deep over the city of Washington. The earth's radius (r) is about 6,700 kilometers. The volume of the earth is:

$$\begin{aligned} V &= \frac{4}{3} \pi r^3 \\ &= \frac{4}{3} \times 3.14 \times 6,700^3 \\ &= 2.8 \times 10^7 \text{ cubic kilometers} \end{aligned}$$

Multiplying by the value of one cubic kilometer of gold,

$$2.8 \times 10^7 \times 9.5 \times 10^{16} = \$2.7 \times 10^{24}$$

The Ultimate Economic Development

A: The Delusions of Economic Growth

In the 1600's we had horses and wagons but they were so slow, carried such small loads, and were so vulnerable to highwaymen in new countries, that commerce tended to push up the navigable rivers. The rapid development of Tidewater Virginia and Maryland was due to the great estuaries leading inland from the Chesapeake Bay. At the heads of navigation, of course, the ships could proceed no further. The horses and wagons then developed more slowly the hilly regions.

In the early 1800's the U.S. raised a hue and cry to develop the canals and inland waterways. In the 1820's New York's Governor Clinton promoted his "big ditch"--the Erie Canal. Prosperous new port towns appeared--Natchez, Mississippi; Cairo, Illinois; Troy, New York. Waterway's promised to "open up the continent".

In the late 1800's however the business of the waterways slumped and that of the railroads boomed. This was the age of Cornelius Vanderbilt, James Hill and other railroad millionaires. The golden(!) spike finally connected the rails from the East and West coasts. The steel industry boomed, the railroad unions strengthened, the coal mining industry swelled. The railroads promised to "open up the continent".

In the early 1900's the railroad business leveled out and the automobile business boomed. This was the age of Henry Ford, John D. Rockefeller and other oil, rubber and auto millionaires. The railroads never stimulated so many businesses--trucking companies, teamsters, united auto workers, steel workers, rubber companies, road builders oil companies, suburban shopping centers, trauma surgeries. The great freeways were built across the nation. The auto industry promised to "open up the continent".

Each industry that died at 62 provided room for others to grow at 62. Each successive transportation industry produced more subsidiary industries, more jobs, more injuries and more pollution. These last two factors grew continuously through the two centuries.

In the second half of the 1900's the auto industry now shows signs of decline. The airlines capture some of the transportation but more particularly we are finding we can process and move information without moving materials or persons to carry it. Hence, the boom in computers, satellites, telephones, TV, lasers, photography, x-ray scanners, electronic libraries and ledgers--as the growth rate of the information-movers overtakes that of the material and people-movers. At least the pollution and the injuries decrease.

But, how can we escape the "chain lettering" of businesses and industries?

Actually we may not want to escape it. For Americans, this succession of new industries has become a way of life. Citizens easily became enthusiastic about a new industry. They went out and bought its products and services even if those products were inefficient—even if they were harmful. They buy "junk foods" especially if the foods are called by a traditional name. It doesn't really matter that the potato chips contain only otherwise unmarketable potatoes or that the "shakes" and "melts" contain no milk or the ice cream no cream or the chocolate candy no chocolate. Some cigarette ads say in effect "our cigarette may cause more cancer than others, but be a man, assert yourself. Demand our cigarette to satisfy your own peculiar taste. Don't let anyone tell you what to smoke". Furthermore, Americans believe in a competitive society. Many hope they can

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The Expansions and Contractions Within Spaceship Earth

As all the resources are put to intensive use markets become saturated. We become like persons working in a space capsule. If one person spits somewhere then he and his comrades must all breathe it. Cut-throat competitiveness among space travelers is not the ideal. They can hardly improve their mission or their species by survival of only the strongest or the brightest. That species will survive best which can collaborate best or indeed which can form symbioses among its own members or with other species.

The situation reminds me of two leeches we caught in our swimming hole when I was ten. We put them in a glass of water. The next day the first leech got hungry and fastened himself unto the second. He expanded and the second shrank--or so it seemed to us. But, then the second leech felt hungry so he fastened himself onto the first. The second expanded and the first shrank. And so it went. Eventually both leeches shriveled away. We decided they would have lived longer if they had at least not parasitized each other.

Well, let's consider that time in the future when the countries of the world are all fully developed, markets are satiated. We may select out those enterprises which are growing and find that on the average they increase at 6% per year. Let's call them the A system and say they are worth \$100 billion. All the rest of the world is the B system and is worth \$1,000 billion. After one year, A has increased to \$106 billion at its normal growth of 6%. B has lost the \$6 billion which went to A. B's rate of loss was:

$$\frac{\$6 \text{ billion}}{\$1,000 \text{ billion}} = 0.6\%$$

In 38 years for instance, A has expanded to:

$$\$100 \text{ billion} \times (1 + 0.06)^{38} = \$915 \text{ billion}$$

and B now has shrunk to:

$$\$1,000 \text{ billion} - \$915 \text{ billion} = \$85 \text{ billion.}$$

In the 39th year A maintains his rate and gains another 6%:

$$\$915 \text{ billion} \times 6\% = \$55 \text{ billion}$$

and B's rate of loss is:

$$\frac{\$55 \text{ billion}}{\$85 \text{ billion}} = 64\%$$

In the 40th year of course B is wiped out.

Long before things got that bad, B's desire to hang on to the little wealth it had might greatly decrease the interest rate for A. Or A and B might resort

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to some reciprocal leeching. Life styles change nevertheless and even if there were only one company in the world it would probably move from one style of work to another style. It would be possible for one part of the company to profit from foresight into what the next style would be.

The Great Cycle of Western Workstyle--Religion, Merchandising, Services, Thought...

In medieval times, perhaps from 700 A.D. to 1300 A.D., people used to say "Nothing is too much to pay to avoid Hell and to attain Heaven... So what if you are in pain for a few decades on earth? What's that compared with an eternity in Hell". People accordingly spent their substances, their time, their skill in building great churches even in small towns. They paid the church dearly for funerals, for prayers, etc. They fought crusades, they made pilgrimages to Rome, to the Holyland, to Compostela, etc. Now-a-days a family is proud to have a member with a doctor's degree. In those days a family was proud to have a member who had made a great pilgrimage. Europe spent so much of its human resources on religious works that it essentially went bankrupt in everything else.

Then came the renaissance and the production-consumption craze. Males were trained to skills which allowed them to get out there and produce--as factory workers, transportation workers, farmers... Women eventually were trained to get out there and consume. They took courses in home economics, they listened to all the ads on TV, they went to physicians, veterinarians, travel agencies, Tupperware parties... All telling them good things to pay for.

Renaissance economics (from about 1400 to 1980) assumed that when money changed hands it was because buyer and seller were getting something each valued. Both gained. Therefore, every time money changed hands, value increased in the economic system. Eventually sales tax and income tax began to appear more equitable than property tax. After all, if a house brought rental income, was it not more realistic to tax the income rather than the house itself?--especially in extreme times such as when the house could not be rented or when it rented for an inordinately high rate. The same seemed true of taxes on any other capital investment. When Peter Drucker said that corporation tax was the most asinine of all taxes, I assumed he meant that the government should tax the corporation's income but not its existence. If tax endangers the existence of corporations, it endangers the larger part of our modern economic system.

But, all this still assumes that the measure of economic progress is the rate of production and consumption--the great merchandising cycle. Market research, to see what people will buy or will vote for, leads next to a flux of advertising to fill the mass mind with a powerful desire for the things that factories can best produce. "Get your revolutionary ball point pen. Everybody's buying one!"

Services

By the 1970's the number of workers in services far outnumbered those in production. The country was becoming more desirous of entertainment, restaurant service, medical care, education, mail service, telephone, transportation, repair services... People could still be persuaded, of course, to buy more flimsy furniture than they needed but they spent even more money on services. They wanted personal comfort and personal attention. Gone now was the concern to

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build up credit in heaven by fighting holy wars or constructing cathedrals. Gone was the duty to produce and consume so that my country could be stronger than others. Present instead was the individual's angry demand for his right to happiness and health--guaranteed by the fact that he existed on earth. Concern for the future and for the lessons of the past were relegated to a sort of social unconscious. The individual closed his eyes to both past and future. The corporations and the nations closed their eyes to both past and future. Deficit financing, traffic overload, expensive hospital chains, cut-backs in education all ignored the past and avoided the future. Individuals demanded their "right" not only to TV sets, tweed and filet mignon, but also to repairs and services in the here and now.

The Megabrain

In the renaissance the great chief or boss was considered the decision maker, the policy setter and the chief planner for the local enterprise, corporation or state. Such chiefs in the 1800's were Cornelius Vanderbilt, Henry Ford, J. P. Morgan, Andrew Carnegie, J. D. Rockefeller, etc. But, by mid twentieth century the teachers of management and political science were saying "the power does not lie with command. It lies with staff". Or "It is not the owners (stockholders) who control the great corporations, it is not the President nor the board of directors, it is the 'technostructure'". It is these experts who tell the bosses and the owners what will be profitable and what will not, what machinery is best to install and what is worst. These technically trained persons are the professionals in public relations, market research, political liaison, engineering, psychology, medicine, labor relations, logistics, etc. Boards and presidents who move contrary to the advice of such staff will generally shrivel up their businesses. The corporation desiring to grow may slough such presidents.

Now the technostructure is not a group of workers who provide direct services to customers, nor run the factory machines, nor boss the workers, nor set the policies, nor own the corporation. Indeed, the technostructure is not "accountable" in the ways these other members are. The technostructure is a class of experts who responsibly maintain their position at least state-wide within their own professions. On the organization chart, they are set off to the side of the direct chain of command. They don't supervise anyone's production, they don't give any orders, they only evaluate, advise, design and monitor. Yet, theirs is the power. In so far as they are effective, the corporation prospers.

In the early twentieth century, most members of the technostructure were scattered through the corporate structure itself. Some were borrowed from other corporations or hired for a fee from consulting groups. But, increasingly as the century moved on, separate groups developed which were pure technostructure. They produced nothing but ideas. One example is the Federal Bureau of the Budget--a small group of experts which acts as pure staff to the President himself upon any subject under the sun.

The most spectacular of these groups however was the group of theoretical physicists who from about 1900 to about 1930 developed the revolution in modern physics. The group included Planck, Einstein, Curie, Heisenberg, Bohr... They

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came from many different countries but they all communicated with each other by letter, by journal articles and by word of mouth. Once a year they met, usually in Copenhagen. They would build on each other's ideas. No one had an independent new idea that did not build on the ideas of some of the others. Sometimes, widely separated persons simultaneously developed the same discoveries. These persons are not especially known for their direct experimental work. In fact, one of them (Wolfgang Pauli) was notorious for his clumsy inability to perform any accurate experiment. But at no time in prior history was such a quantity of such highly abstract thought produced. The thinking power of this group produced the second most important development of the twentieth century-- nuclear power. No amount of bossing could have done it, no amount of money, no prestige, no heavy muscle.

The power came from a group whose members acted in some respects as parts of a single brain. From the rest of the body the brain derives sustenance for its mere existence. Then the centers and nodes in different parts of the brain communicate with each other by fluids and nerve fibers. One achieved idea leads to another, and powerful abstract thinking may occur. The theoretical physicists building individually upon ideas from the historical past interacted with each other to produce ideas which led to other ideas in other members of the group.

This group was a great "megabrain". Its power was far greater than the power of any one member. There had been other megabrains. The Prussian General Staff was such a megabrain from about 1814 to about 1945. There were others later. The core of the Manhattan Project was a megabrain which had budded off from the thirty year "Copenhagen" group of physicists. It produced the first atom bomb. A more fragmented megabrain produced the concept of the double helix and promoted the revolution in biology in the last half of the twentieth century. Other megabrains were legally incorporated and became the Rand Corporation, the Hudson Institute and other "think-tanks". These think-tanks are essentially biological organisms formed out of bright human beings from widely different realms of thought and aided by vast libraries and powerful computers. They produce nothing but ideas, in fact the highest centers of a megabrain produce ideas which can only be understood by the next lower level of the megabrain itself or else by comparable levels of some similar megabrain.

Post Industrial Fear of Change

Economists speak of the 1970's as the post industrial era. In part they mean an era when services employed more people than production did. But, in part this also means that brains and not material become the real wealth. If one nation has all the gold, another all the oil, another most of the manpower, another most of the agriculture and another most of the workable ideas, then which of these nations could eventually control the world?

In the next century there may be no nation-states as we know them today. For the stupendous power of intercultural brain power may overwhelm them.

To many people, the most fearsome kind of world pollution is knowledge pollution-- too much research, too much pooling of brain power makes atom bombs to destroy civilization or it generates nuclear energy power to destroy the oil and coal industries and indeed many other industries. But, worst of all is the Double

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Helix which leads to research in recombinant DNA which in turn leads to the possibility of producing a superman. New genes, new heredity may produce a people as far in advance of present people as we are in advance of dogs. To the new people with their great strength, beauty, goodness and intelligence, we will be like domestic animals. They will benignly enslave us all. Perhaps this new life will be far more comfortable for us. But, our old life will die. To many of us, this is more frightening than the mere vaporization of our lives in a great atom blast.

Tabooed Research

As Mert Krause elucidates, all important research is a political activity.

In the 1930's two doctors in my university did some careful research and discovered that drinking one ounce of alcohol per day did no physiological harm. They published a small book on this which was immediately banned by the state government. The problem was that the WCTU had more lobby power than the liquor manufacturers.

Consider the furor over the research concerning cigarettes and cancer and the frightful expense necessary in this decade in order to develop any new therapeutic drug. Consider what might happen if we did good research upon the outcomes of psychotherapy or legal advocacy when these services were performed by para-professionals or amateurs. What if it should turn out that para-professionals had better results than professionals? This might imply that we should change our rules for the practice of law or medicine.

In early 1978, the American Association for the Advancement of Science met in Washington and concluded that scientists were getting "a lousy press". Scientists were often portrayed as immoral. Movies were presenting bad science, their scripts often went completely contrary to the laws of physics and misled the public about science. The conclusion was that people fear science because it threatens them with change. (Science 200: pp. 37, April 7, 1978).

It is only right that important research should be a political matter. Such research usually concerns people and people are politics. The problem can be seen in several segments: (1) No enterprise can grow indefinitely at 6%, (2) The Darwinian theory of evolution-by-the-adversary-process is only a small part of the total mechanism of evolution. Another part is the development of symbioses and collaborations between species, between family members and between corporations which (collusively or coincidentally) control their own prices and markets, (3) Our ecumene is pretty nearly a closed system. As we exploit the system, markets become saturated, resources become depleted, the environment becomes polluted, social classes and nations reach equality on a lower level than they would like. In accord with the second law of thermodynamics it becomes harder and harder to get useful work out of the system. That is, entropy ever increases, (4) The fear of change retards progress and eventually leads to universal misery. Nevertheless, persons and corporations cannot freely give up their great investment. They cannot bear to let their emotional commitments, their money, their training all come to naught, (5) Accordingly it is necessary for political policy to develop ways to buffer the change so that for instance the employees and managers of the automobile-rubber-steel-oil-trucking-road construction industry are phased into even more inter-

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esting ways of investing themselves before the industry itself closes down. Without inventive intelligence man as an animal is subject to the leveling out of his economy in accord with the principles of Malthus and Clausius.

The move toward collaborative pooling of brain power would affect every profession. Consider the field of medicine. One physician has committed himself to surgery. He is a beautifully skilled surgeon. His surgery is art. He has devoted twenty years of study and practice to it. But, suppose certain new chemical and electrical procedures eliminate the need for that surgery. Will he not become angry and perhaps depressed? A brain pool or megabrain might similarly eliminate some fields of psychiatry. Test tube babies might eliminate obstetrics. Embryonic seed teeth might eliminate the old dentistry. The essence of the economic difficulties presented above is that today it is stylish to pry all we can out of today's resources and to deny the possibility that we cannot continue this procedure far into the future. Consequently, we fear and hate all forces which attempt to deal with the real future--good managers, megabrain, DNA, basic research, excellent education.

Nevertheless, such intelligence over the centuries has improved agriculture, clothing and general control of the environment so that man has expanded his population and comfort far beyond what Plato or Confucius could have predicted. Today, the "megabrain" in harmony with a political structure may enable the world to go still further. Otherwise, I fear we will die at 6%.

Ref.: Mert Krause

THE NATURE OF THE NEW MODERN MIND: The Extinction of Causation

By M.D. Parrish

This paper will explore the usefulness and the logic of dropping our classical notion that every event in the field of psychology, management, or politics has a cause and that we can place responsibility upon that cause. In the field of physics and philosophy, the idea that every event is caused by some other event is losing adherents, but in the political and economic sciences, the idea of causation allows us to pin accountability, responsibility, and blame upon certain people. Such a pinning may be followed by a high level of fear and productive work. Why shouldn't it be advantageous to continue this singling out of a person to take the blame for what happens in social and business life?

Traditional Notions of Causation

In the Middle Ages and in the Renaissance, it was popular to consider that the intervening finger of God brought about many events. It was not always necessary to believe that one event caused another inevitably. God could cause both events in succession. During the Enlightenment of the 1700s, however, it became popular to conceive of the universe as a kind of clock-work in which one event directly caused another. Every event had a chain of (mostly brainless) causes leading up to it. Biological evolution supposedly came about by such a chain and it led "up" to man. The psychologists and psychoanalysts of early 20th Century considered that human behavior was the result of various causes arising in the past. In modern times, however, we have found that if we adhere to the idea of cause and effect, we narrow our field of action. If some events have no causes, we may mislead ourselves wastefully. We act more usefully if we understand the philosophers who all along have doubted causality, whether effected by clock-work or by the will of God or man.

The Causation of Hume and Kant

About 1740 David Hume¹ devastated the traditional cause and effect when he demonstrated that what we have always assumed was a necessary link between a causal event and its subsequent effect was only a habitual succession of certain events in time coupled with contiguity in space. Immanuel Kant², about 1780, showed that cause and effect existed quite certainly in the human mind, but not in external events. No one ever saw, heard, or smelled the necessary link between events. No one could rationalize nor logically deduce its existence. Causality was a convention. We could not perceive and measure it as we could the velocity of falling bodies or the reddening of the sun at sunset. Present day philosophers have thought that when people imputed the idea of necessity to certain sequential events, they felt more secure. They saw the events as somewhat controllable. "Find the cause of a disease and you can cure it". They could fix blame and accountability. "The department head is responsible, so at least I'm not guilty".

Modern Theories and Practices Concerning Causation

Werner Heisenberg and other modern physicists³ interpreted certain experiments as proof that the traditional idea of cause and effect was an untenable concept in highly accurate physical measurements. For instance, in order to observe the behavior of the smallest particles, one had to let that particle affect another

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particle of comparable size. When the second particle impinges on the first, we have some measure of the position, the size, and the velocity of the first particle. But what happens to the first particle in between its encounter with two particles of the second type? No one using particles can observe that. Maybe we could observe it with light instead of particles, but even if light is considered a fluid wave, it still has certain wave lengths, and even if these wave lengths were smaller than the particles (which they usually are not), we would still have difficulty measuring the effects of the smallest moving "bodies"--which now would be the waves of light.

Modern philosophers as well as physicists have been unable to refute Hume's thesis. In fact, modern philosophers had made it easy to reject traditional causality. Even back in the 17th Century, Newton had to reject the very plausible idea that bodies which were in motion were necessarily kept in motion by some force or influence. He found it necessary to assume that a planet's motion continued "naturally". No "cause" was moving it.

A modern "manipulability" theory⁵ of cause and effect concerns itself more with human needs than with the truth-structure found in nature. This theory considers cause as a thing that can be turned on and off by human beings to prevent or to allow the appearance of a subsequent event, thus when we seek the cause of cancer, pragmatically we are seeking for those elements which humans can influence so that the incidence of cancer will decrease. If we prevent smoking and subsequently the incidence of cancer decreases, we say that certain cigarette smoking is a manipulable and pragmatic cause of cancer. If we discover, however, that the movements of the star Vega were associated with increased cancer, then we could go on to seek some other "cause"--for we can do nothing about Vega.

Note here that the following on of lung cancer after cigarette smoking occurs only after about 20 years of smoking. The effect is delayed so long after the cause, many people cannot believe that smoking is a prerequisite to cancer of the lung. These people are perhaps unwittingly following Hume's dictum that contiguity in time between the two events is necessary to define causation.

Note here that the increase in cancer is expressed two ways: (1) by an increased incidence in a large population, or (2) as an increased probability of cancer in the individual. There is no absolute certainty of causation, there is only an increased degree of certainty. This degree of certainty or uncertainty extends to all things formerly considered causes and effects in those days before modern "statistication" replaced the linear rationalizing of Locke and Hume, and certainly before the pivotal faith of St. Augustine and St. Thomas. The modern degree of certainty may be very high, but is never infinite. It may seem hard to argue against the guillotine as the cause of death in a man it beheads, nevertheless, the guillotine only increases the probability of death at that time to about a billion to one. Some people die of other causes before the blade hits them. (P. W. Bridgman, R. G. Collingwood⁸, N. R. Hanson⁹)

Some modern philosophers consider cause and effect as inseparable elements of a single situation. The situation may be given several separate names just as we can give several names to the two ends of a ball bearing. This singularity is reminiscent of the connection between the possessor and his possessions. No one ever saw that connection. We wonder now if such a link exists outside the conventions and the imagination of human beings.

Spengler⁴ develops further the idea of Will and Thought which parallel destiny

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and causality. He says that will and thought in our minds correspond to direction and extension in the outside world. By direction he really means time, for time is the thing that has definite linear, one-way sequence. Space, of course, can have direction too. It has east and west, etc. We just sort of agree, however, to select out east and west. Time-directedness is more of a thing in itself. Spengler's temporal direction means "dynamic direction", a moving direction never still. So time and space exist--the movement of time and the sitting there of extended out space. They correspond to history and nature--history being the flow of events, nature being the quality and potential of an individual being--such as, the nature of a dog. The attributes the animal has, the particular way it habitually behaves, is nature. Part of the nature of "dogginess" is to be somehow servile and to smell doggy.

Will, in the inner world of the individual mind, corresponds to temporal direction in the outer world of society and landscape. Will links the present to the infinite future. It corresponds to history, to destiny. Thought in the inner world of the individual links the here and now to the infinitely far. Will and thought as well as nature and destiny then correspond to time and spatial extension as well as causality and existence. Causality is linked through time to its result.

The will interests itself in going forward into the future. Thus, will could be called a diachronic faculty. It spreads itself through time. It attempts to make changes as time goes on. Pure thought, however, examines what is immediately present to be examined. Thought examines the past or the future as they exist in the present memory or imagination; thus, thought is a synchronic faculty. It explores what is laid out before it in the pure present. Thought - at least Western thought - tends to be spatial in its way of handling its objects. It links the unlimited space to the here. The far distances are linked to the here because they all exist in this moment of the mind where "here" exists. The realm of thought is that realm of time which is not dynamically directed. It is a stasis, and this stasis has position in the flow of time. It really exists aside from life, aside from history. It dwells always in that Platonic world of idea, the world where blueness exists, and love, and communism, and democracy.

So, both aspects of our basic characters - Will and Thought - emerge in the West's prime symbol which is infinite extension. Will links the future to the present, thought links unlimited space to here. The eternal future as it rolls into the present makes us experience the events of history. Thus, we travel through time. Destiny has already brought the boundless reaches of space into existence. Space is with us presently. As we travel through our landscape, we roll a part of infinite space into the view of our senses. History, then, develops out of Will, out of people getting on the move into the future. The will in history is the process of a future thing becoming present. Or, more truly, it is a moving outward of our "now" into distant time.

The boundless reach of space is a sort of future also. It is not future in time, but it is way out there, we cannot reach all of it, it is beyond us. Boundless reach of space then is distance already in existence. It has become fixed. It is in the realm of idea. It is true and fits its own principles of behavior, its own nature. It is synchronic, it is contemplatable.

The nature of things means the qualities and potentials of things as they always are - a certain dogginess or a certain blueness which is characteristic of dogs or skies. In history, of course, a certain dog may not act doggy, but the nature

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of dogs as conceived in history is this dogginess. The seemingly fixed nature of things exists not necessarily in individual minds, but in the realm of idea itself - the realm of truths which individual minds can grasp by taking thought.

The Western mental experience, then, includes: (1) the Will which deals with history, and (2) the Thought which deals with eternal natures and truths outside of history. In a major way we grasp our culture as a dynamic flow of history and only in a minor way do we grasp it as a fixed set of principles or customs. Spengler⁴ calls the Western culture a "will culture". The positive directional energy which we employ in our languages not only dominates our own drive into history, but it forces us into the attempt to view all other cultures as similar attempts to drive into the future. We usually see other cultures as merely less efficient than ourselves. Actually, some cultures did attempt such drives into the future and some did not. The minds of the West and of ancient Egypt, for instance, chronicled their present events so as to make them a solid factual history for later generations of time explorers. They also planned long range strategies, such as future space exploration or the mummifying of the dead. The minds of ancient Greece and India, however, did not see their culture as long thrusts of history through vast time, but only as a collection of legends, personalized stories, grand gestures, isolated vignettes, and dramatic characterization of heroes. Compare the Iliad to Njal's Saga or Thucydides's History of Greece to Hume's History of England.

Our Western kind of will is exemplified in our dynamic syntax: "I have done it." lines up the doer, the doing, and the thing done. Our languages keep using "I" so much more than oriental or ancient languages do. "I" is always a doer, and when you read a Western novel, you the reader are the "I" that experiences all the adventures and takes a critical overview of all the content and the style. We write many of our novels and poems in the first person. Other cultures did this rarely. The West's use of "I" assumes there is an internally consistent self quite separate from the "other person" or the "outside world". There was not that much of a self in the other great cultures. We of the West perceive dynamically. We set things in motion. Linguistically, we make the bat hit the ball and the ball fly away.

Traditionally Western thought is mechanically dynamic in the Newtonian sense; for the cause-and-effect structures of our Western languages lead us to think with the lively momentums and far-reaching forces and counter forces of Newtonian mechanics. This is a big step beyond the mere leverages and focuses of Archimedean mechanics. But the new physics since 1900 replaced the force of gravity with fields or distortions of empty space itself. Length was no longer an exact position for a particle, but only a "cloud" of probable positions spread with a varying thickness over an indefinite space. Thus, the certainty that one event has caused another degenerates into a measurement of the degree to which the one event was associated with the other in time and in space - and also, a measurement of the degree to which a certain probability of the association prevails.

For Spengler, the dynamic causality spirit is like the organist in a great cathedral. From the egocentric console, he floods his vaulted world with his sequence of harmonies. He affects distant horizons with his will. Our first person idiom - our ego habeo factus - means "I have done". Classical Roman Latin would never say that, it would simply say "Feci" - a single word, a unit itself, rounded off like a complete poem and presented to the listener -- "fecit" a completed act by whoever is doing the talking. The Romans did not have to show-off "ego" in order to imply that "I am involved in the doing". Their

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deepest involvement was implied within the word, "fecī". But, the Western European speaker was not satisfied with that. He set up an "I" which then hammered out the action with "have" and then "done". There is a world of difference also between the Western speaker's "I have done" and the Eskimos equivalent "My yesterday's act" - which is a manifestation of a simple reality. It is not an act at all. With the fading out of the Greek and Roman style of thinking, the popular languages in Europe dropped "fecī" and substituted some equivalent of "ego habeo and factus" - some "Whamidy, whamidy, wham!" which drums out the action of its words and each word reaches onward into the next. No word makes any sense separately by itself; each word implies "Wai;" a minute, there is more to come" until the utterance reaches its end.

The personal and immortal importance of "I" towers up in Gothic architecture. The spire is an "I"; the flying buttress is an "I"; later, the lyric poetry of Villon, the sonata music of Haydn, the uniquely personalized portraits of Rembrandt beamed out to the world that dynamic "I". The "I" was so assertive that we sometimes feared it was an obscenity. The conceptualization of so obscene a will frightened us into subduing or passing over its full exposure. In English, instead of saying "I am angry" we often say, "You get angry about that" or "One feels uncomfortable". All the time, the speaker could only mean "I feel..." This fear of obscenely taking over God's Will ~~will~~ delayed the actual erection of the towering spire of a Minster of Ulm until centuries later when high secular edifices became commonplace and the original spiritual reach of the spire's design was probably forgotten.

But in the 20th Century, there has come a slow change in the dynamism of "I". The modern Western cities have developed a creativity of compilations. They merge ideas and acts quite aside from any persons who originated each separate act. This kind of creativity fits in with bureaucratic action (carried out because of policy). It fits with Bartok's last quartets (written in no definite key). It fits with Robbe-Grillet's novels (where the timing of events is uncertain and the I who acts is not fully present). It fits with Samuel Becket's dramas of absurdity.

Where in these works is the responsibly creating and willing "I", the leading instrument, the heroic character? In such worlds as these the TV star merges with the advertised product, the show with the commercial, the church with education or psychotherapy, industry with the military. For the West of the late 20th Century is slowly turning away from the last-ditch existential fight for the grand responsibility, the autonomy and the uniqueness of the dynamic "I". The West is moving toward the democratic accountability of the people itself, the infiltration of ideas and fashions into many groups of people.

We used to blame Palmerston for the Opium Wars, Himmller for the extermination of six million Jews, Lyndon Johnson for the Viet Nam war; now we are coming to blame not even the industrialists and colonizers, not even governments, but the peoples themselves. Thus, we blame the English people for the Opium Wars, the German and Russian people for the mistreatment of the Jews, and the American people as a whole for the Viet Nam war. We are less afraid now of considering that we ourselves are always a mixture of tender love and beastial cruelty. We think that only by accepting our own love and cruelty can we manage them. This new way of working, living, and artistically creating seems in some ways more compatible with non-Western ways of viewing the world than with our own traditional ways.

Spengler's conception of the Russian view of the world may bring this out.

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He says that the traditional Russian regards the West's elevation of personal will as a contemptible vainglory; for the will-less Russian soul, developing out of the limitless level steppe, sees all men as brothers. It seeks to grow up serving the world around it. The individual Russian does not consider "I" as the vantage point from which to engage in competitive relations with the neighbors. Nor does that soul elevate "I" into an engagement with God separate from the engagement of other men. Such attitudes would be high vanity and extreme presumption. Raskolnikoff, the ax-murderer in Crime and Punishment, does not personally and uniquely possess his sin. Murder potential clearly resides in all the brothers of the steppe. To consider his sin special to himself would manifest an over-whelming pride. It would be similarly selfish and prideful to repent only for the sake of his own "I".

Some Russians have another world view as exemplified in Tolstoi. Like many 20th Century Russians, Tolstoi developed a Western soul. His heroes maintained autonomous "I's" detached from the great brotherly consensus and the wide and level commonality of the Russian soul. These Western heroes preen their "I's" as they do their fingernails. Like the spires of the gothic cathedrals, they raise their dynamic egos competitively above the comradely plain. In so far as Russia now maintains Tolstoi's view, that nation inserts itself into the competition among other separate nations. This is typical of the West.

The Greek view was also non-Western. The classical Greek soul did not develop on a vast plain, but in closed-off pockets of mountains, bays and islands which did promote small individual states and individualistic men. Nevertheless, the Greeks lived only in the present and lacked that dynamic directionalism which dominates the Western view of the world. Like the Russian, he was will-less as exemplified in his idea of Destiny (Moira). His histories were essentially romances or legends or else they were vignettes of contemporary events. For the most part, he burned his dead and he was little concerned with leaving great monuments for the future. He painted and sculpted no individualistic and uniquely personal portraits and certainly, no self portraits.

Because of its title, Spengler's book, The Decline of the West, has never been popular. The West, we feel, just could not be declining. It is too centrally important, too I-like. So most people read Spengler's book with the idea of refuting it rather than catching on to what it is saying. It does not say that the entire West is really flopping on its face, only certain aspects are. However, they are some of our most sacred aspects; uniqueness of self, causality, personal accountability, elitism, personal possessions, and self centered competition against gamey adversaries.

Western causality assumes that "I" could have great effects - every phenomenon grows out of some will, some "I" combined with its personal intellect. Not the Russian's commodiously shared faith, not the Greek's Moira, but causality itself aggrandises the autonomous "I" - that proud commanding artifact of the West. The traditional "I" is now ready for the art museum where a study of its assets and handicaps can help us in our new ways of living.

In summary then, it appears that the archetype of the original cause of everything - the big "I" - is merging into a shared responsibility, a pooled dynamism, a pattern of probabilities, and degrees of uncertainty. This turn of thought with its uncertainty of accountability frightens the traditional mind. Indeed, most frightening is the notion that the self as usually understood may no longer exist. It does not frighten the traditional person so much to hear that God is dead as to hear that perhaps, the self as we once conceived it is but an illusion.

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As the Copenhagen group of physicists cooperatively pooled their thinking in the "30 years that shook physics"⁶, they were able to turn away from the Newtonian concept of force because they had turned away from the big "I" the prime mover of all thought and all action. Newton's force of gravity is conceived like the force of muscles, but Einstein's gravity is simply a quality of space itself. It is analogous to the interacting fields of thinking pooled in that "Copenhagen Gang".

It is particularly confusing to try to trace the development of the new modern mind by pointing out the successive steps the Western mind took in the direction of merging the ego with nature itself. Whenever Western thought took a step toward a subjective view of nature as including man or toward a view of human thought as collectively developed, it took an equal step toward an egocentric view of nature and toward a strict cause-and-effect view of accountability-with-guilt. Copernicus maintained that the universe did not revolve around man, but that the earth was merely a ball circling the sun with a lot of other balls. Adam Smith maintained that wages and prices were regulated by the "invisible hand" of the market as the supply of goods changed and as the styles of usage changed. Thus did "the market" seem to have a mind of its own. Darwin, following somewhat the same principles, asserted that man had developed along with many other animals in accordance with the efficiency of changing traits which he came upon accidentally. Spengler said that the whole of Western history was simply a drama enacted among many other histories, all of which came and went. The 20th Century physicists saw no certainty in any event. They only saw statistical probabilities. None of these notions necessitated the finger of God nor the mind of any individual to keep events occurring as they did day by day.

On the other hand, Martin Luther emphasized the duty of the individual to follow his own conscience instead of following the collective will of a group outside of the individual. In the 1600s, Europe emphasized the divine authority of kings and fathers. Scientists looked at the universe from the point of view of scientific instruments such as telescopes and microscopes - considering themselves as rather god-like observers of a world which was outside themselves. Business men saw themselves as individual competitors, each outside the market itself, trying to control or outguess the market. Modern existentialism put an emphasis on individual uniqueness at the same time that individual taste was becoming a collective taste controlled by the mass media.

It is possible that we are both collective and individual, just as light is both particle and wave. A real advantage accrues to those minds which can think not only of the certainties of cause and effect, but also of the non-existence of cause and effect - or the certainties of individual thought and existence and yet the illusion of personal individuality.

First we must loosen the shackles of old "self evident" assumptions then we can go on to change our plans and our behavior. Perhaps in politics and management some of us can try to change the styles of feeling and thinking in the community of workers or of citizens not merely to remove the incumbents nor to change the opinions of high placed individuals.

We are not yet skillful enough to do that well. Even those who understand events as history and as group trends, still rely mostly on demagoguery or marketing methods to affect those trends. As for those persons who are brave enough and foolish enough to step into responsible political, teaching or managerial positions, we will continue to assassinate them, fire them, scandalize

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them. We will say to them "Well of course anyone else who accepted that responsibility would have ended up the same as you. If you didn't want the bitter blame, you should not have accepted that position--if indeed you had a choice". At best we know we are punishing the "accountable" ones to teach a lesson to ourselves as a people--to change ourselves as a field of force.

Nature of the New Modern Mind

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EXPENDO ERGO SUM

By: M. D. Parrish

Professional Prestige

In the first part of this century, medical specialists usually obtained social prestige "by association" from the prestige of the patients they treated. Thus, a heart specialist would obtain higher prestige when he treated the President of the United States, but a President who needed a psychiatrist as a specialist, would have been considered unfit to be President anymore. Since society manifested little respect for people whom the psychiatrist treated, the psychiatrist himself could gain little prestige from such treatment.

The spread of psycho-analysis as a practice however allowed psychiatrists to make an unprecedented exploration of the intimate and private thoughts and flighty tales of beautiful, talented and powerful patients. Many famous playwrights, novelists, artists, musicians, etc. explored themselves intimately before their psychiatrists. The plays of Eugene O'Neill and the "stream of consciousness" writing of several novelists were greatly influenced by psychotherapists and their current theories. The deep therapeutic exploration of the very soul was an adventurous, romantic and painful enterprise somewhat similar to the unfolding of a novel. Prolonged psycho-analysis brought most patients into a more intimate and understanding relation with their therapist than the patient usually attained with spouse or priest.

The health profession assumed generally that the patient got the most careful attention and the most expert treatment in a private interview with a private physician who was so expert himself. He required no kind of supervision from any other person once he was seen. Intensive psychotherapy, carried to completion, required so much of the psychiatrist's time and attention that he could treat only about ten persons a year. If the therapist's life style was to be equal to that of his patients, then about one-tenth of each patient's income would have to go to support the therapist for the two to five years the patient was in treatment.

Chronic Patients

For more severely ill patients however it appeared that society had developed a relation with that psychotic individual which seemed to prevent the use of psychoanalysis or any other humanistic sort of therapy. These psychotic people responded extremely slowly to any attempt at change. They maintained very poorly any intimate friendships. They produced pain for their therapists as well as for their families and neighbors. They provided no prestige for families or therapists. The natural tendency then was to treat them with an objective detachment using mechanistic means such as electric shock treatment, drugs, automatic custodial procedures or behavior modification techniques.

Nevertheless, as psychotherapy itself gained in prestige and effectiveness, it attracted some families who could support a severely ill member in intensive psychotherapy. Certain psychotic patients of a type Freud had held untreatable were accordingly treated at Burghoelzi, Shepherd-Pratt and Chestnut Lodge. Such psychiatrists as Eugen Bleuler, Harry Stack Sullivan and Freida Fromm-Reichman advanced the technique and theory of humanistic psychotherapy in these hospitals. It might appear from the above that this deep exploration and understanding of the human individual continued because it paid off in dollars for the therapists who gave close attention to individuals. This economic force was not however the only cause of the deep concern for individuals in those times. Many therapists for instance felt that the practice of psychotherapy with interesting

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patients developed the therapist's own individuality and his own understanding of relationships among people.

The Individual: Elitist or Member?

Furthermore, in the first half of the twentieth century, many well educated people felt their separate individuality was being swallowed up in the great bureaucracies. The elitist maneuvers of the captains of politics, of industry and of the great service professionals had pushed aside many well educated people along with the average person. For some of the non-elitists, unions and associations made a ladder to the ranks of the elite. For others, intensive psychotherapy provided an attention, a concern, and a help which was more intense than they could obtain from associations, churches, industries or neighborhoods. This intensive psychotherapy became one of the bulwarks of individualism.

When large numbers of people demanded recognition of their own individuality on a par with the captain's of industry, politics, etc., psychotherapy and the study of existentialism along with some of the new religions helped these people to assume separate individuality. This new sort of individuality became even more distinctive and self-conscious than the individualism of the elite which was often absorbed into the "party-line" or the company policy in order to obtain self-hood in the work groups.

What were the characteristics of the twentieth century individualism--this concern for the individual as against society or against the corporate mind? Let's go back to one of Europe's best loved proofs of individuality. Descartes, in the 1600's, tried to doubt that he himself existed as a person. But, he found that even to doubt such existence proved that someone was doing some thinking. Accordingly, he said "Cogito Ergo Sum"--I think therefore I am. From this basic "certainty" he built up his philosophy.

Now, even if an individual expert existed as a person he could not exist as a protagonist of a particular trade or profession unless some other people paid him to do so. Thus, a man could not exist as a shoemaker if everyone stopped wearing shoes. Barefoot people do not contribute to the identity of a shoemaker. In the first half of the twentieth century psychiatrists could not continue to practice their art unless someone paid them. Since the highest prestige in psychiatric work depended on treating individuals privately, then an individual who could not pay could not contribute much to the identity of a high prestige psychiatrist. Psychiatrists were intensely concerned with individuals in those days. Individuals paid them. "The individual pays; therefore the individual exists"--expendo ergo sum.

Freud and other psychoanalysts^{1,2} explained how patients did not improve so well in psychotherapy if the patients themselves did not pay for the therapy. Freud advocated then that every patient should pay his own bill. Since the cost of therapy to any one patient was very great, patient's wanted insurance to pay for their analysis. Eventually, the psychotherapists who needed bread and butter overrode Freud and began to think it was perfectly all right for the individual treatment to be paid for by some form of medicare or insurance. Thus, it was no longer necessary for therapists to take money from sick people. As long as therapists were payed in the name of an individual, the individual's existence could contribute to the existence of the therapists.

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Freud³ later in his career anticipated that the best of psychoanalytic therapy would some day have to be offered free of charge to the poor. He thought however that giving better insight without improving their economic condition might make the poor even more miserable.

In state-owned organizations the VA, the military and in some other big institutions, many professionals were on a straight salary. The pay was not contingent upon what happened to the patient. Their existence as therapists did not depend on the existence of patients as individuals but only upon the state's concerns about social problems.

When states like California began to purchase services from hospitals and clinics, the pay could depend upon the services rendered. Follow up by the State showed whether the individual patients and their families were changing for the better. The pay could be made contingent upon whether rates of suicide or delinquency decreased within a community--whether alcoholics stopped drinking, got jobs, etc. These clinics ultimately earned less when patients got sicker, lost their jobs or had to go to a State hospital.

Especially when communities began to administer their own service grants, the pay of some therapists became contingent upon the preventive services delivered to the society as a whole--delivered to the responsible group, family, neighbors, fellow workers, etc. and not merely to the individual member.

In the second half of the twentieth century it is now becoming important for therapists to learn how to improve styles of behavior within a community. Neighborhoods and small communities need to become responsible for their own behavior and to control that behavior among neighbors. This behavior itself is generally expressed by particular individuals but face-to-face local groups can, with professional participation, retain responsibility for their members. The therapist's understanding of this development of local, social responsibility becomes now as important as his understanding of the individual patient's growth, development, pathology, etc.

The Passing of Elitism

Well, what has happened in the mid-twentieth century that is different from all the past centuries? The difference as I see it is that we have begun to move away from an elitist way of managing our society's progress to a more democratic way.

The elitist theory works like this: a certain country is very poor. Everybody in it lives a miserable life. They all work 12 hours a day. No one has time to do research on labor-saving devices or better ways to produce food, transportation, sanitation, entertainment, medicine, etc. The country then solves this problem by getting 95% of the people to work 16 hours a day instead of 12 so that a select 5% can carry out the work of research, medicine, of government, etc. These elite few then make great progress and live a more stimulating life themselves. The inventions, knowledge and the skills which improve the elitist life style can later be used to benefit the majority. Eventually the majority itself can get by with working only 8 hours a day. They will have good sanitation, plenty of entertainment, etc. Even after such success the society usually maintains some elitist attitudes. People feel that they are living a full and successful life if, as they become older, a more prestigious group accepts them. They move from the role of a machine operator to the role of a researcher or government manager or a big business executive.

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The improvement in democracy is not necessarily an improvement in humane relations among individuals. The authoritarianism of Josiah Wedgwood or J. D. Rockefeller is being replaced by the power of the corporate staff within great institutions. Decisions are contributed to by a greater number of people--sometimes contributed to by the ultimate consumer. There are signs even now that the "new class" as Djilas⁴ calls the corporate bureaucratic staff is passing away in favor of a less elitist democracy where people will participate in decisions affecting their own welfare and will take responsibility for rates of delinquency and of social difficulties to which they themselves contributed such as the stimulation of executive corruptions, rejection of certain races or handicaps.

Elitism can be illustrated from ancient Greece and Rome where almost all the famous persons were elitists whose aristocratic life was made possible by the work of women, slaves and lower class artisans. These great men were unique personalities highly developed as individualists. Each thought his own autonomous thoughts. It is harder for us to distinguish between the thoughts of one slave and those of another.

We must remember slaves in Greece did have a place in the household or in the extended family. They were investments for their master. Even a rich man could hardly afford to maltreat his investments. With the Industrial Revolution however the workers were not investments, they were simply interchangeable parts. They could be hired and fired at the will of the managers and there was a cornucopia of other workers out there in the towns. Thus, they were de-humanized in a way most slaves were not. When labor unions became influential, de-humanized workers received certain benefits such as safer working conditions, shorter hours, pension, etc. These benefits however did not necessarily get rid of the de-humanization. A large bureaucratic union might itself de-humanize its own members. This sometimes led individual workers to prefer an authoritarian management or political structure which appeared at least to pay attention to them as human beings. People then failed to learn how to manage their own leaders and to make it unrewarding for leaders to play God, to engage in unethical campaign practices, to be coerced unfairly by selfish special interest groups.

The founding fathers of the United States--such men as Thomas Jefferson, Benjamin Franklin and Samuel Adams--were themselves elitists but they were interested in eventually developing a more democratic society. The founding fathers tried to establish equal civil rights for all individuals (at least for all citizens). Nevertheless, the effectiveness of one's civil rights depended upon one's power in the society. Furthermore, the society as a whole continued to believe that individuals in the lower classes or the darker races had less innate capacity for reaching the knowledge, skill and social responsibility proper to the contemporary elite.

In the last half of the twentieth century however we have come to believe that the potential of individuals does not depend upon their social class or race. We have come to believe that a whole social group or a whole race can behave responsibly toward itself and toward other groups. A community thus understanding itself and maintaining responsibility for itself can handle its own rates of delinquency, school dropouts and mental illness, its own absenteeism, accidents, irresponsible parents, employment of the handicapped. Each will cure its own problems better than those problems could be cured when the community left them to some distant private expert or governmental organization. The distant experts can be useful consultants or teachers to the community as the community develops understanding and control of itself.

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However well educated the professionals may be, they cannot themselves develop and beautify the life in a community which is not their own. Experts who live in the suburbs have sometimes felt that they knew best how to revise the housing and the life in the ghetto so that ghetto people would grow up into better individuals, become more nearly like suburban people. These experts have seduced the ghetto by means of grants or other forces to go along with the ideas of the suburban experts. They allowed the inhabitants of the ghetto to determine responsibly "their own" destiny. A destiny suggested by experts who did not live among them and share the problems of the ghetto. In time, most of these elitist-managed changes failed and the ghetto became more angry.

Heretofore, the residents of the ghetto have not paid the experts and therefore the experts did not understand that the residents really existed quite as truly as the experts did. A larger problem is the fact that the experts themselves have not expended a part of their own lives within the ghetto and thus for the residents they do not exist "as one of us". Furthermore, in the early days of the twentieth century, the elitists could not believe that a local community could stand responsible for its own problems nor could they believe that lower class people could absorb the same education as upper class people.

Of course, the main trouble today is that the local communities by a sort of momentum of belief generally continue to think what the traditional elitists have told them long ago--that a local community cannot really handle its own problems as well as elite experts can handle them. Furthermore, many individuals or communities love to have an "expert" take care of problems for them in spite of the fact that this care does not improve the community's skills but only makes them more dependent. This expert steals from it's control the community's rates of delinquency and illness.

If we want all social life to improve to the highest point of evolution we have reached scientifically, then (1) experts must be paid in the name of the communities they work for and not merely in the name of individuals who may be symptoms in that community and (2) experts must become incarnate by at least temporarily residing in that community, and thus lead the community to feel that the experts exist as members of the community.

Essence

Money receivable in the name of an individual brings that individual into clear and visible existence before the professional--the lawyer, the physician, or other practitioner. Since nobody wants to pay for treatment for family members of a sick person, such members are usually not considered treatable and no important therapy is offered. In group therapy the treatment is typically directed at each individual member--not at the group itself. The group does not pay. Only individual members pay. Therefore, the group does not exist. Only a cluster of individuals exist.

Some mental health professionals do not consider themselves totally committed to a particular set of techniques. They try to assess how a community's rates of non-effectiveness may be decreased--how its human economics may be improved. They develop then what succession of techniques and relationships may accomplish this. They do not judge themselves by the amount of effort they put out nor by the number of patients seen. They judge the outcome of their work as it affects the sick and the well. They encourage the community to take responsibility for its own rates of disease, mental retardation, suicide, accidents, delinquency, etc.

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They encourage it to pay not only in dollars but in tolerance and in industrial and domestic utilization of certain patients. Municipium expendet ergo municipium est.

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MAN THE ETERNAL SYMBOLIZER:

Notes Stimulated by Suzanne Langer's
Philosophy in a New Key (Harvard, 1957)

Every era has its own philosophical attitudes, its own way of looking at the world, its own fundamental assumptions which are mostly unconscious but without which there is no discourse. Questions asked employing these assumptions make the framework upon which all facts are plotted. Such questions frame the rewriting of history--political history and philosophical history. With a certain set of assumptions, a certain number of philosophical systems are possible and no other systems ever occur to people of that era.

Any one era will consider false many of the assumptions made by a foreign era, but any assumptions are better than no assumptions. No assumptions lead to no discourse and no discourse leads to no reasoning life. A great deal of life can be lived fairly well on false assumptions.

For example, the Western world assumes it a necessary quality of nature that a person can possess something. But no one ever saw a possessive connection between a person and a thing. Possession is an arbitrary man-made convenience. We also assume that everything has a cause and an effect, and yet we can only see that the effect follows its cause in time.. We cannot observe any other connection. We assume further than an hour for Joe is the same as an hour for Jim. An hour in Los Angeles is the same as an hour in New York. We assume the past is unchanging, and that we cannot affect it. We assert that the living are worth more emotional attention than the dead--but we often fail to practice that. We assume one race is fundamentally as intelligent, as healthy, as beautiful, etc. as another. But no research and development project would ever be financed to investigate such an assumption. We assume the photograph is more true to nature than a drawing. We forget that a photograph is a symbolic representation, just as a drawing is. We assume airplanes fly because of the skill of the pilot and because of the laws of aerodynamics. Yet, regardless of the skill of each pilot and mechanic, planes would not fly in a demoralized country too disorganized to maintain flights. We assume that an idea must be set into the form of a "problem" before a modern mind--certainly before a bureaucracy--can work upon it. A corporation may see nothing but problems, even though it says, "We have no problems". No problems imply no progress, and for a corporation this implies no life but only a stagnation. We assume the written word has more authority and truth than the spoken word or even than the act. We set lawyers and scientists to refuting each other in literary combat as a method of arriving at truth.

The largest block to our understanding of man's mind, its creativity and its range of symbolization, is the lack of desegregation. Women are emancipated (though still segregated into separate, but equal, toilet facilities and hospital units). The U.S. has desegregated races but still considers "primitive" cultures on other continents a lower form of culture than ours, a lower form of thinking--in spite of the evidence of their very complicated lore and language.

This is related to the assumption that everything has a beginning. We assume language must have had a gradual beginning; developing, perhaps from signs to symbols, from animals to man, from primitive to modern. We erroneously assume that historically later languages are more complex, more expressive, more accurate, more highly symbolic. We see all non-European--or indeed all non-American--countries as "developing" countries. They are lower than we. We will help them to improve. Such help makes us feel superior. We look at the inhabitants of Southeast Asia, and we

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say, "The poor wretches don't even know how to use modern tools. Even when they own a Stillson wrench, they don't use it properly". We look at the Australian aborigine's boomerang and admire it as an invention no modern man has engineered, but we say, "If a good Western mathematician had tried to make a boomerang, he would have succeeded". We cannot believe that such a "primitive" culture could invent something that we could not have invented. We cannot believe that our limited set of assumptions limits our reasoning. Only after the West feels it has done better than the other culture, can the Western man admire the other culture. After 1865 we were finally able to cast a piece of iron as big as the monumental iron pieces cast in India by King Ashoka 21 centuries before. Then we could admit the Indians had been "almost our equal". Copernicus could not give credit for a sun-centered universe to Aristarchus, who lived two millenia before him, but Galileo a century later could give credit to Aristarchus because Galileo was confident of the Western mind's own ability to understand astronomy even better than Aristarchus.

Language assumptions in different cultures: English employs action: "I see the flower." Eskimo employs possession: "My eyes' flower." Chinese employs manifestation: "With regard to the flower".

Thales and other pre-Socratic philosophers asked, "What is all the world made of?" This question assumes there is a universal matter--a sort of "parent substance" to which "accidents" happen--to which different qualities attribute themselves. Furthermore, they developed no philosophy of right and wrong. They just assumed that from social usage.

Socrates asked, "What is the value of knowing...the purpose of science...of politics...of nature?" He did not ask, "What answer is true?" He did ask, "What is truth?" He did not try to describe matter and motion so much as to find its purpose and use.

Nowadays, a man expects to be argued into accepting one school of thought as his own belief. Educated laymen don't pounce on philosophical books nowadays as the contemporary laymen pounced on the Leviathan, The Critique of Pure Reason, The World as Will and Idea.

A scientific culture succeeded to the exhausted philosophical vision. The scientific method was experiment. A great pile of data was its "working capital," correct prediction was its proof. It was positivistic, not skeptical. It developed out of the Novum Organum, which in its turn had stimulated J. S. Mill's Canons of Induction.

The reverence and irreverence for mathematics: The coldest scientist is proud of concrete factual knowledge, rejecting every proof except empirical evidence, and yet he accepts the notion of zero, infinity, the square root of minus-one, incommensurable numbers, the fourth dimension.... Laymen, who easily maintained faith in soul substance, however, doubted these mathematical notions.

Symbolism leads to logic--to the evaluation of science itself, to the quest for certainty. Symbolism leads to a psychological study of emotions, religions, fantasies, arts. But even symbolism comes in styles. Psychology follows the current assumptions of knowledge. In the days when sensation was considered the chief factor in knowledge, psychologists studied the sense organs. Today symbols are seen as communicators and organizers of belief. Accordingly, a higher intelligence is now one that makes a better use of symbols and language (conceptualizing ability). Intelligence is no longer better sense perceptions, better memory, and quick associations.

Man the Eternal Symbolizer:
Notes Stimulated by Suzanne Langer's
Philosophy in a New Key (Harvard, 1957)

Genetic psychology is derived from the study of animals, children, and savages. Its fundamental viewpoint is that the organism's responses are adaptive and are dictated by the organism's needs--by its metabolic homeostasis, its need for nutrition, reproduction, security, etc. It assumes everything in man was once in the amoeba. The adult has advanced beyond the child, the civilized man has advanced beyond the "savage." If a Tibetan Lama developed a genetic psychology, however, it would classify Americans as savages. Americans are so naive concerning the Lama's world that they appear to have childish thoughts. After all, when the Lama was a child, he didn't understand the Lama world either. It is doubtful, however, that man becomes civilized, cultured, neurotic, educated, or well-bred because of his adaptation to biological needs. Rather, he goes on to encompass the many needs set up by his culture's mores, its language, etc.

A sign is a message that a referent is near, but man uses signs not only to indicate but to represent something. This representation may become a symbol. Symbols allow man to develop attitudes toward absent objects. The process of rearranging symbols is called thinking. The mind is, therefore, similar to a telephone exchange. It stores messages, diverts them to another line, answers by proxy, etc. But this telephone system works in a way dictated by language and culture. It is a group system. The individual draws upon this group system in setting up his own structure of mind and pattern of language.

One would think that errors in symbolization would be quickly corrected by the natural world's rewards and punishments, but symbolic systems build their own internally consistent world and deny all others. Facts are only what the symbolic system (in part, the language) allows a person to perceive. Erroneous formulations may be petrified into words which do not change, or into books which are never corrected by continual checking with the current environment. Animals learn cumulatively by experience. Man, however, feeds all perception into the culture pattern he has already incorporated in earlier life and which is continuously kept in much the same order by society.

Every language brings to its speakers its own interpretation of the world. Most Americans don't realize this because (1) they usually learn French, Russian, or some other European language which has a world-view relatively close to English, (2) the student usually learns even these European languages as if they were simply secret codes for English thought. After all, he learns the new language in terms of the symbolic world he already knows--the world of English.

A continuous rumination within the social and the personal symbolic system is the purpose of human life and of civilization. Man's perceptions and behavior are determined by the culture's way of thinking. A man faces the mind of the culture and absorbs it within himself. His perception is not tied to the natural world like that of animals, who face little except the natural world. Animals do quite well without any culture except that forced on them by the balanced terrarium. Man performs his natural biological functions hardly better than animals. But every culture continues its own specific way of behaving and calls it "human" as if that were natural to all peoples. The language and the cultural mores maintain themselves even at the expense of the individual. The individual will sacrifice himself for "his" way of life. The culture will find executioners to get rid of members who disturb the culture's way of thinking and of viewing the world. Man's mythical adaptation of symbols to the real world, then, is properly cultured life.

Man the Eternal Symbolizer:
Notes Stimulated by Suzanne Langer's
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Accordingly, man is not an animal raised to the nth power. For man has a social mind which exists not in his brain but in his society. It is this social mind which has evolved and progressed so far and which delivers a personal mind to each newborn. Whatever social mind certain animals have does not progress very much. Most of a dog's mind develops in the interface between himself and his natural world, not between himself and his social world. There is very little dog culture to be passed on. The man inherits the social mind in his own times, say in 1970, but not as it was in 1870. The dog comes into almost the same in 1970 as other dogs did in 1870.

Magic is not a method but a language. It is a part of ritual. Freud, in Totem and Taboo, thought that ritual acts were motivated by compulsion but not by purpose. Such acts satisfy or relieve an inner conflict. They aren't really aimed at improving the future, they don't even relieve the conflict for long. The object is to continue the life of the ritual, not the life of the person. Consider the "organization man," who consciously commits himself to the organization--or the teacher, the Communist worker, the judge, and staff officer--putting duty before instincts and before other demands of society, such as religion and family.

The transformations of experience which primitive men make into rituals are normal for them but are apt to be pathological in civilized society. We cannot, then, take up a ritual today unless it can be rationalized by science. The Jewish prohibition upon pork is disturbing unless we can rationalize it with trichinosis, and deny the Jewish prohibition of all the other things which now seem irrational. For instance the prohibition against turning on the lights on Saturday. Modern society has its own proper ritual, which is not pathological for it. You can now be an atheist without blame, but you must not fail to say "excuse me" in order to undo a hurt you have done to someone.

Meaning is not a quality which can be described. It is a function of a word. It is the role of a word among all other words. To know the full meaning of one word you must know how it functions in relation to every other term in the vocabulary.

At least two things are related to the term that "means" (1) an object which is "meant" and (2) a subject who uses that term. This is purely Western thinking.

A sign stands in a one-to-one correlation with its object. The difference between sign and object is that the subject (person) for whom the sign and object constitute a path, must find the objects more interesting than the signs but the sign more easily available; then he can manipulate the concrete objects as examples of the way signs indicate a process. A sign may be of an act or of an object. A symbol, however, is of a conception.

Edward Sapir, in "Language" in the Encyclopedia of the Social Sciences, p. 159, said that the function of language was primarily a vocal actualization of the tendency to see reality symbolically. Secondarily, it became an instrument of communication.

THE MEDIA -- ITS EFFECT ON WAR AND THE THOUGHT MARKET

By M. D. Parrish

The Permanent Media - Writings

In the days when books and pamphlets were about the only media for the dissemination of knowledge - aside from word of mouth - almost every publication had time to be criticized and evaluated in other publications before it could influence a whole population to commit itself to war, to religious persecution or other mass movements. Even so, the pamphleteers influenced the French revolution Thomas Paine our own revolutionary war. Uncle Tom's Cabin and many other pamphleteers affected us during the American Civil War. William Randolph Hearst claimed that he was personally able to precipitate the Spanish American War by means of his newspapers.

The Ephemeral Media - Talk and Image

The advent of radio made it much easier to spread propaganda, and thus to influence masses of people toward buying Ford cars, electing a president, or going to war. Radio broadcasts got to millions of people at the same moment; and criticisms of such programs, in order to be effective, had to follow almost immediately. By means of radio, Roosevelt, Churchill, Hitler and Stalin produced their most immediate effect upon the mass of their people. World War II then, was a radio war. The popular support for war was gained largely by means of radio. Enemies beamed radio information into each other's territories with the same tenacity with which they launched bombing raids or artillery barrages.

The messages of radio were more immediate and compelling than the messages in books and newspapers. This was true in spite of the fact that there was seldom any record of radio messages for the people to review a week later or to check whether the messages turned out to be false. Newspapers were only a little more permanent, but pamphlets and books could be held and criticized over time. Such print was constrained to be a bit more responsible.

The War in the Living Room

The Vietnam War was a TV war. Books, newspapers, movies and radio had relatively little effect on the public feeling in America. The reason for TV's influence was not simply that more people looked at TV than listened to radios or read newspapers; rather, TV influenced because its message was so extremely vivid and convincing. If we read in a book or even in a newspaper that the Saigon Chief of Police had stepped up to a manacled Viet Cong member and shot him in the head, then most American people would have wondered what circumstances were yet to be revealed in the next few days about the necessity for such an act, about whether the Chief of Police was coerced, whether he was insane, whether the act was necessary at the moment to save other lives, etc.. But instead of reading about it in the newspapers, or hearing the very

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shot on the radio, millions of Americans actually saw on their TV sets the Chief of Police point his pistol at the insurgent's head, and saw the head bounce with the impact of the bullet. They saw the grimace on the victim's face---they believed that they were participant witnesses to an act of history which was occurring in the here and now. It was as if they were watching through a keyhole in their living room door. Millions of Americans were immediately incensed.

This act occurred on TV in 1969, during the famous Tet offensive. Many other more spectacular acts, for good and for bad, occurred in Vietnam that year, but only the ones which occurred on TV were of much effect in America. If a sensational act such as this happens to be recorded on the TV camera, it will surely be shown many times in America, for such an act on TV sells a lot of beer in America, and it brings a lot of prestige to the broadcasting company. Even if such acts were rare occurrences in Vietnam, they would become frequent occurrences on TV.

Realizing this nature of TV, Marshall McLuhan, in the early 1960's predicted that America could never win a war in Vietnam. For, such a war would have to be supported by a nation of TV viewers who thought they were getting as good a feel for the war as were the people actually on the spot in Vietnam.

Many people say they like to watch TV because they like to see "history in the making". By watching selected episodes of a military action movie, they do not see history in the making; rather, the audience itself becomes history in the making. For if the audience saw different episodes or no episodes in this campaign, its support toward the war would be different.

It sometimes appears from Marshall McLuhan's writings that he thinks any TV controlled population would lose a war against an equally numerous radio controlled population. This may be true if both populations are culturally alike, but there is some evidence to show that Asian people do not react to TV and movies the same as Americans do.

Asians Seem Different

About 1945, Ruth Benedict reported in The Chrysanthemum and the Sword, that her research showed Japanese audiences responded with war-like emotions to news reels which showed Japanese soldiers being slaughtered in China, or sweating and suffering on the march. The audiences felt that they should work harder to support these soldiers. She found that American audiences faced with similar news reels reacted with horror and with a determination to end such conflicts.

In 1905, the Russian military forces, having surrounded the Japanese garrison at Port Arthur, felt they had convinced the Japanese that their situation was hopeless. They asked the Japanese to surrender; the Japanese refused, and died in battle to the last man. The Russians, simply could not understand this "stupidity" - an army which died

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rather than living to fight again. The moral seemed to be that you could humiliate Russians, Germans and other Europeans and perhaps get them to do your bidding, but it is almost impossible to humiliate Asians or to make them lose face and still expect them to cooperate in any way. This was further exemplified in World War II. After the Germans had surrendered unconditionally, the Japanese refused such surrender, even after they had been atom bombed. The Japanese surrendered only after an American Navy captain explained on an official radio broadcast that of course, the United States would not demand that the Japanese lose their emperor. The Japanese thereupon surrendered without feeling they had been humiliated.

A more recent example of possible American misunderstanding of an Asian people is the American attempt to force the North Vietnamese to the conference table by bombing Hanoi.

Like-Us or Else Non-Human

It is only natural for us all to assume that other people will react the same as we, ourselves to bombing, to praise, to love, to embarrassment, etc.. Sometimes, we are forced to make immediate decisions to behave in a certain way about a foreign people. We should go ahead and make the decision, but realize that we are making it in ignorance. Just before the decision we know we are essentially ignorant. Immediately afterward we defend the decision as if it were made out of great wisdom. We then believe our own defense. What if we adhered to the knowledge that we had been essentially ignorant? What if we then, went ahead to learn all we could about that foreign culture and the situation which faces that culture.

A small minority of Americans does have much knowledge about Asian people. The advice of these Americans contributes to the U.S. Government's action in Asia. Such advice has little permanent effect, however, for soon the great mass of American people force the government to act in the way that TV has led the people to believe is the best way to act.

The power of TV over the American people may produce real danger when it is coupled with the desire of most American people to remain as unininvolved as possible with foreign cultures - "charity begins at home.. let them learn English. Why should we learn Swahili...All those refugees will just take our jobs away from us...Chinese people don't value life as we do". This leads to the American support of the Trident submarine at \$1.5 billion dollars apiece when that much money would pay for a year's adequate, intensive training in the language and culture of any nation on earth for one hundred thousand American soldiers. Thus, we seem prepared to blow up the enemy and to occupy his country with an army which can not understand his language--an army backed up by an American people who can not understand the enemy's culture. Furthermore, that lack of understanding may have brought on the war in the first place.

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The TV Audience as Commander-In-Chief

The American people, sitting at their TV's with no enemies outside their doors, have preferred to believe comfortably that modern war is won by the nations with the biggest atom missiles, bombers, submarines and other distance effecters--other means of effecting change without facing the person they are changing. This belief is very comfortable because it does not force any change upon the American. He merely sits back and lives or dies. Probably dies. That's easy - easy because it requires no thought. He only has to believe what he's told by the media. Of course, the media is not always calculatedly malignant. Mostly, it is the nature of the news media that it must tell people what people would like to hear, or what would excite them - not what makes them really uncomfortable. Death is simple; death by atom bomb is particularly simple. It's an on-off situation; you're either alive or dead, most people think. Personal involvement in the affairs of developing peoples as equals - personal involvement without much personal power - that is really tough. That is what some of our special forces faced; that is what some of our Peace Corps faced; that is what some of our State Department and military faced on the ground, toe to toe with people of other cultures. That requires the most excruciating of human pain - thinking.

Te scapegoats

So, we'll win any war that requires the thinking and the pain of a few people on the spot who use tools, medicines and weapons for us - or else we will lose that war. But, we pray for deliverance from these uncertain wars which require painful thinking and personal involvement for all of us - involvement in Asia...me in Asia getting bitten...sweating, hurting, and worst of all, changing...changing to a somewhat different me, someone the folks back home might not quite recognize, someone who can live better in tomorrow's world and not merely in the last century's world.

But how can we, as Americans, become interested in other cultures, other nations - non-European nations? How can we become interested enough to learn about their cultures, to live and work and study over there with them for awhile, to invite them here for awhile? Well, we know many things. We learn them from books, from teachers, friends, etc., but we are moved to national action by mainly one thing - TV. Thus, if we want to take a national action, we must first feed ourselves the right TV diet, or else we must stop looking at TV, and get ourselves a little better diet in the other media.

It seems that unless we get some control of our masters, the media, we are doomed to fight misconceived wars and furthermore, doomed to lose them.

April 1980

COMBAT PSYCHIATRY IN VARIED SETTINGS

by

Matthew D. Parrish

THE GOAL

Combat Psychiatry's goal is to maintain the megawapon--the disciplined team of combatants. Ultimately the megawapon includes all citizens, but with the fragmentation of modern political support, small combat teams usually detach their morale source from the main body of the nation and necessarily develop certain autonomous morale.

An early megawapon was the Macedonian phalanx with its well drilled internal coordination. Alexander maneuvered such weapons across the known world and subdued it. The Roman legion, more highly disciplined, superseded the phalanx. The legion could break into smaller maniples and still fight or it could combine into elastically flexible masses. By the U.S. Civil War railroads, factories and their civilian workers were organized along with the military to make the nation-state itself a formidable megawapon. The molecular soldier, however, has generally felt little support from the total megawapon, and so he identifies himself with smaller and smaller units as he comes under more and more combat stress.

The duty of the combat psychiatrist then is to maintain the integrity of the small maniples of the megaweapon, in spite of the stress of battle and through a network of staff communications to maintain upper echelon policies, which decrease psychiatric casualties.

THE PRACTICE

In varied settings the details of combat psychiatry operations may be modified locally, but a fundamental form of combat psychiatry fits most of conventional warfare from W W I to Viet Nam. There are four fundamental features the first three well expressed by Artiss (1963) and the fourth by Bushard (1957):

- (1) **Immediacy.** Intervene within the hour after the individual becomes a psychiatric casualty.
- (2) **Proximity.** Manage the casualty within the battle sector. Do not evacuate.
- (3) **Expectancy.** Among casualties, medical staff and visitors maintain an atmosphere of strong expectancy that each individual will quickly improve and return to his original unit or if this is impossible, then to duty within the same combat division.
- (4) **Bonding.** Bushard describes this in terms of commitment and concurrence. The casualty is enabled to keep his membership in his original primary group--his squad or fire team. He commits himself to that membership and his comrades concur in that commitment. An old proverb states "If your squad accepts you, the Army will accept you."

The diagnosis of every psychiatric case in combat is always "combat exhaustion." That diagnosis is never applied to an individual once he has been evacuated from his own combat sector. Traditionally the treatment takes one to three days and employs medication only secondarily. The primary modalities are rest, relaxation and a supportive orientation toward full duty by all staff, all other casualties and visitors. Normally any and all members of the mental health team make psychiatric consultations with local surgeons, psychiatric diagnoses ("combat exhaustion only"), admissions and treatment decisions. Evacuation out of the Division sector, however, requires an officer's order.

Longer term treatment and any evacuation from the combat theater is carried out by a psychiatric treatment team in the rear which is clinically most effective if located in the field with working troops and not attached to a hospital, (the Korean War experience). Nowadays, such a team is likely to receive some casualties directly from combat action. These casualties are the only individuals the team diagnoses as "combat exhaustion."

WHY COMBAT PSYCHIATRY PROCEDURES WORK

- (1) Without immediacy of intervention the casualty sits inappropriately in the presence of the physically wounded. He tends to escalate his symptoms to somehow match theirs. In time he will get from others usually some concurrence for "sickness." Mental health personnel, however, whom society authorizes to give medical concurrence immediately say to him in effect "The caring society of the medical profession concurs["] your rapid recovery to full duty."
- (2) In other words the expectancy is applied immediately. Thus, the casualty is oriented toward effectiveness, health and

membership in a duty unit, not toward a sick role. The soldier adopts the sick role, however, when a medical authority gives a "diagnosis" which means in effect "You are not really an adult human being like us. You are privileged to regress and are relegated to a class of people we don't expect much of. In fact, you have a right not to work or perform a necessary or productive role in any group. Your chief value is to provide an interesting case problem for medical personnel and to reaffirm their reason for being. Because of you, laymen, irritated by their duties can get some vicarious surcease and say, 'Well at least some people are getting constant care and love--the sick people and our little children!'. Instead of this, the medic says, "This combat exhaustion you feel is as natural as pain is to the runners in an Olympic race. You may have suffered the pain sooner than some of your comrades, but you'll be over it in 24 hours."

- (3) Proximity. Consider what happens if the casualty is evacuated far from his combat sector. In the rear he is exposed to staff who are not a part of his enterprise, not a member of his combat society, do not understand what he and his comrades have to undergo. Very often the rear medics have not faced combat at all, much less combat in his sector. He gets no manly comfort from them--only babying as he sees it. He has a new adaptation to make.
- (4) Bonding. Especially in Viet Nam, members of the individual's combat group come to visit him, sometimes the whole squad visits him. Since a particular battle might have only been a night's excursion and return, his comrades say "Come on back, man, we need you, we're going up the river tomorrow. Don't know when we'll get back. If you don't come you'll miss us." Such a group is hard to resist, especially when neither medics nor other casualties are concurring in your detachment from your natural team. Later we'll see how the enemy un-bonds prisoners and hostages.

HOW BONDING DEVELOPS A SELF

Usually when a soldier was a child, he became a member of a family. There were certain behaviors and attitudes forced upon him. He had to speak English, not Dutch. He had to eat with a fork, not chopsticks. He learned baseball, not cricket, Christianity not Buddhism. His conception of mathematics was that of the West, not of China or ancient Greece. His feeling for music concentrated on subtle harmonies and simple rhythms, rather than the subtle melodies of India or the complex polyrhythms of Syria. He learned few kinship words. Unlike a Malaysian, he had no idea who his grandfather's brother's youngest grandson was. He was comfortable with these attitudes as he was molded into a self by that family in that environment. Within that narrowly coercive framework he found leeway to make thousands of unique choices. He thought of himself as autonomous. As long as he didn't start thinking of religion as a Druid or of mathematics as a Polynesian he would never be considered "non human" he would just be a unique pattern of self. If he was a loyal working member of a family, a workshop or a street gang, he could make it in the Army. If he was an isolate he might not make it.

When he gets into the Army he goes through another program of coerced acculturation. In Malaysia, it is important to know your distant kinfolk. In the U.S. neighborhood, that is wastefully irrelevant. In the Army it

is important to shine your shoes, salute, to step off with the left foot. In the U.S. neighborhood, that is stupidly irrelevant. Thus, in basic training, the soldier learns a new set of attitudes and acceptable behaviors. Griping and railing against the Army is usually one informal requirement. In spite of this, he develops at the work with his comrades a feeling of self confidence and joy similar to that he feels as a baseball player or a member of a surgical team when his personal skills fit in with the team. This self meaning is confirmed as his team members concur in his commitment to membership and his role in their team (Bushard, 1957).

Nevertheless, basic training gives an Army-self which simply parallels the self he already had as a civilian. The commitment and concurrence is usually no stronger than that which he knew back home. It is typical of Army training, however, that the closer the units get to battle, the more commitment and concurrence increases to develop a more secure self.

In basic training the civilian becomes the soldier. Later in advanced training he obtains general knowledge, technical skills and team collaboration. When the team arrives in the combat zone, it will probably train again-- perhaps in a mock village where it experiences the same weather and the same insect bites as the combatants do. As the team becomes experienced in combat, the soldiers reach a high confidence in each other and an understanding of how to plan and coordinate minute by minute action. They come to trust each other with their lives. This degree of bonding will never again occur in the soldier's life. He will remember always the peculiarities of those comrades, the respect they had for him, the joy of collaborating or the pain of failing them.

In basic training, furthermore, a man trains because he fears jail or to show off to his family or maybe because he thinks the bad enemy may endanger the national economy or his sister's virtue. A man in combat, however, does not fight for such reasons. He fights for his unit, for this hour, this place and these men. The rest of the world is temporarily outside his ken. The soldier in Company K choggied up Pork Shop Hill and died for just one reason; the trooper with The Light Brigade charged "into the mouth of Hell" and died for just one reason--to keep his state in that unit. Dead he had no state? Maybe. It's a paradox, but that's the bond that the combat psychiatrist understands. The highly trained hospital psychiatrist does not.

To extract a man from the unit which gives him his living self, is to kill part of him. Evacuated, he must make strong excuses why he left those comrades. He hopes that physicians and psychologists will help him to be sick. He will quickly learn to interest them with chronic symptoms--bizarre or logical, conscious or unconscious--whatever it takes.

THE DIAGNOSIS OF COMBAT EXHAUSTION

Out of every 1000 people in any population, about two per year will need psychiatric hospitalization for deep seated psychiatric illness. Those two do not belong in a combat unit. The process of combat psychiatry attempts to separate these two. The most experienced psychiatrist in the world cannot consistently determine this in the first hour of symptoms. The immediate combat casualty may manifest severe depression, religiosity, mania, catatonia, bizarre somatic delusions, paralysis, severe phobia, etc., but out of 1000 troops only two of these per year--in combat or in garrison--will actually require hospitalization for chronic psychosis.

The preliminary diagnosis of combat exhaustion protects the casualty from being labeled with any other psychiatric diagnosis until enough time has

has passed to relieve the immediate stress, so that the individual can manifest his more natural character and his more usual relationship with his unit.

Now suppose one of today's casualties is from a unit which has not seen combat for a week, although it is in this combat sector. Do we still label that individual combat exhaustion? Yes, we do. Combat exhaustion is the only psychiatric diagnosis permissible in the combat sector. This individual will receive the same treatment, tailored to his own symptoms, as any other person with combat exhaustion.

Suppose the individual only has symptoms of malingering or perhaps shows so much antisocial tendency that his unit and he simply cannot get along together. Is he still labeled combat exhaustion? Yes, he is and with those symptoms he cannot be medically evacuated. If the expectancy and bonding processes fail, his disposition will probably be an administrative one carried out within his own Division.

Suppose now that command puts so much "political" pressure on the Division psychiatrist that he is forced to evacuate some obnoxious character against clinical judgment. In that case we usually find the Division psychiatrists applying some evacuable diagnosis such as manic-depressive psychosis. When the individual reaches the back-up psychiatric center it will be obvious to that center that he should not have been evacuated. Since the treatment center is not under the same command as the first echelon treatment, the center will promptly send the individual back to duty--usually reassuring command that this is a leadership problem and not a psychiatric disease.

AFTERCARE PROBLEMS

In Korea and in Vietnam there were no locked wards and no electroshock treatment. In most places the casualties were kept in duty uniform and not in convalescent clothes. Attending staff wore duty uniforms and not "whites" and the treatment centers were in temporary housing such as tents, quonsets or light frame structures. Once evacuated to a general hospital outside the combat zone, however, the individual was likely to find himself in a locked ward, treated more by high professionals in whites than by peers and with most attention paid to his diagnosis, psychodynamics, medication and behavior control, rather than to his rehabilitation and commitment to a duty unit.

Sometimes, he eventually found civilian researchers and writers who expected him to break down again several times during his life. Indeed, some people expected lots of future breakdowns among those combat exhaustion cases who returned quickly to duty and finished a normal tour. They even expected delayed breakdowns six months after return to the U.S. As for those soldiers who never became casualties at all, some civilians expected them to break down later because they fought in an "immoral war" or dropped napalm or became a P.O.W. or a hostage. Perhaps, these researchers, writers and others had a personal need for such breakdowns to occur. By expressing that need in popular literature or other media they could create a self-fulfilling negative expectancy.

After W W I chronic cases of shell shock, neurocirculatory asthenia and the "gassed" syndrome occupied many V.A. hospital beds. Combat psychiatry seems to have prevented most such chronicity. Nevertheless,

We need academic doubt of every principle of combat psychiatry. We need research to refute any part that can be refuted, but it would appear that those who broadcast the expectancy for a six month breakdown syndrome as a professional hypothesis, simply don't understand current knowledge of the factors which cause and which prevent psychiatric morbidity.

PRIMARY PREVENTION IN COMBAT PSYCHIATRY

The role of any medical officer in a forward combat area is never simply treatment and evacuation. He is also a staff officer with the responsibility of advising his commander on the problem of conserving effective manpower. (Glass, 1953) This staff function in the realm of prevention is particularly important in the medical specialists in the Division, namely the psychiatrist, the preventive medicine officer and the flight surgeon. The main reason for the existence of these types of medical officers in the Division is prevention. Young psychiatrists are always surprised at how much more highly respected they are the minute they arrive in their assigned Division. In a hospital they might have been treated as Captains. In the Division then they are treated as Lieutenant Colonels. Through the Division surgeon they have access to the higher command and staff personnel of the Division. It is usually quite simple for them to obtain transportation to any spot in the Division area and any reasonable place in the country. In matters of prevention of poor duty performance they are welcome advisors to commanders, personnel officers, staff judge advocates, provost marshalls, stockade officers as well as flight surgeons, battalion surgeons and other medical personnel. Of course, if the psychiatrist stays in his "office" he will not be so trusted nor so respected. When officers get to know him in Division Headquarters, in the battalion aid stations, in the stockade, in the Chaplains office, etc. then it is a different matter. He certainly helps to reduce nonbattle casualties such as preventable malaria, accidents, alcoholism, severe delinquency and mistreatment of indigenous civilians. Command consultation by members of a psychiatric team is just as effective in combat as it is in garrison duty.

PSYCHIATRY IN HIGH TECHNOLOGY COMBAT

High technology in transport, communication and weaponry often makes it necessary for the psychiatrist to educate corpsmen and surgeons and to keep deputies or "mental health marshalls" among them so that psychiatric casualties are not dusted-off from a raging firefight and dumped on an evacuation hospital along with the surgical casualties. Division psychiatrists often assign a mental health technician to a particularly active battalion aid station in order to screen out the psychiatric casualties and start them on the proper treatment. Sometimes high technology weapons and detection procedures may cause temporary isolation of small sectors. This makes it more important that every member of the medical team understand the prevention and management of psychiatric casualties. This skill is usually developed by good training and good communication from the members of the Division Psychiatry Team.

On the other hand high technology of transportation and communication enables mental health personnel to monitor personally the care of casualties in the aid stations. It allows easy visits to lower echelon commanders and troops as well as more effective coordination of policy with higher staff officers. In high technology units the lower grades are more technically sophisticated, the work is performed faster, and mistakes made faster. Living conditions, work assignments, locations and training adaptations may change so fast that a psychiatrist returning from a week's R and R may hardly recognize the old organization. This cinematic fading of familiarities may in itself be a great stress to persons not attuned to it.

Actually the linguistic skill, the anthropological understanding and the ingenious techniques of improvisation may be considered high technology among special forces teams, lone intelligence observers or living-in scouts who have the special trust of certain minority groups of civilians. Such troops may have special needs to incorporate within themselves the sub-culture of a group from which they are temporarily isolated. Their special problem is often the national resentment back home at the extent to which they must "go native" if they are to be effective. The combat psychiatrist and his staff may help these people to tolerate such mistrust and to get on with their self generated enthusiasm. If they become psychiatric casualties, this sense of a double culture may sometimes lead to unusual symptoms or communications.

TERRORISM

Terrorism ranges from the use of Korean children as shields in combat or the use of Vietnamese girls to place satchel charges to carefully calculated mutilation or street assassinations. Terrorism often makes American soldiers trigger-anxious (My Lai) or hateful of even their allies and paranoid about everybody. Such soldiers are no less casualties though they are not admitted to a hospital. This is particularly important in modern wars where excellent communication media make every professional and layman back home think he or she is participating in the war from the living room armchair. Psychiatric conditions resulting from terrorism are managed by the same general principles which apply to conventional combat. The individual may have to be bonded with a new unit or command consultation may indicate that whole squads require counseling. In any case counseling produces the expectancy that the squad will exercise its own ingenuities and comradely supports to navigate these straits.

PRISONERS OF WAR AND HOSTAGES

In the days when war was considered to be an honorable competition among responsible nations, management of prisoners of war accorded with international law, but lately large countries which consider themselves upright and responsible are going to war with small countries who have every evidence that these responsible countries look down upon them as "colonies" or off-brand cultures which speak little off-brand languages or dialects which every cultured person disdains to learn. As a consequence these "disdained nations" tend to follow the principles of The Godfather in preference to De Jure Belli ac Pacis. There tends to be little distinction on both sides between the treatment of combatants and noncombatants. In the wars since 1950 there has been little distinction even among the various levels of class, rank, sex, age or responsibility. The loss of distinction between prisoners of war and hostages was made quite clear at the Paris Peace Talks on the Viet Nam War when Le Duc Tho used the American prisoners of war and the missing in action as bargaining leverages against Kissinger. Use of hostages begins to pay off more and more against certain "responsible" countries. We can expect an increase in the fashion of hostage taking. In public psychiatry we do not deal so much with an epidemic of influenza as we do with a high fashion of social behavior such as hijacking airplanes or heroin peddling, assassinations and other terrorisms and atrocities. If hostage holding becomes a grand fashion, we can expect that anyone employed by the American Government may become a hostage. Even the American tourist might become a hostage and so indeed might an ordinary American on the streets of New York if the foreign country really wanted to carry out that fashion of behavior. If the national trends continue as they have in the recent past, it would behoove us to give "hostage training" to any overseas Americans who might as hostages cause public hysteria. Rehearsal improves the ability of soldiers to function in real combat.

The moral of POW's and hostages and the type of treatment they can expect depends in part on the policy of the U.S. government toward these incarcerated Americans. There are at least two major policies which governments have held concerning POW's.

Policy-A is the policy the Japanese Government apparently adopted toward WWII prisoners of the Americans. In the Aleutian Islands where in 1943 I participated in interviews of some 22 Japanese prisoners, I asked them how they felt about being prisoners. They replied they felt good because they were "dead". They were considered dead back in Japan and apparently their insurance would be paid and their wives could remarry, etc. They said, "We are on our way to California. You guys have to stay out here and fight the war." It is hard to see how these prisoners could be used as leverage against the Japanese Government. I think the home government would have denied their existence. On the other hand, since they were "dead" these prisoners had apparently no reason to withhold information from us.

Policy B for the U.S. holds that any individual American is worth more than all the rest of the world--perhaps worth more than the American's back home. This is not a strange concept to physicians, clergymen or lawyers in private practice who usually consider that a client in his moment of need is worth more attention and more valuable care than all the other people in the world. To a logician this is a paradox for it assumes a class (of individuals) each member of which is worth more than all the other members. Policy B when held by the American Government impresses the enemy that prisoners of war or hostages are very valuable to the Americans and, therefore, good aces to bar-gain with. The foreign government, if it acted rationally, would never kill such Americans and thus discard the aces, nor would it ever set them free. The foreign government would probably allow sporadic and unpredictable communications from the prisoners, for that would increase American public attention and anxiety. The foreigners could sell films of the prisoners since such films would sell a lot of big cars or insurance or baby food if these items were advertised immediately after the public was emotionally stirred up with this vivid kind of visit to the prisoners' quarters. Policy B seems to prevail when the citizen identifies himself with the captive and not with the nation as a whole. This attitude, of course, is understandable in relatives or in politicians who want to become popular, but it may not be excusable in a long term strategy.

From the point of view of the prisoner, the individual cannot exist in isolation from all culture. If by strong missionary action we displace a person's feelings and beliefs from his native culture to a culture more approximating our own, then we have in effect gotten rid of the old person and a new kind of person is born. The person is said to be converted or reacculturated. The re-acculturation can occur painfully when war displaces persons from their native supports and disseminates them into isolated locations within a very advanced country such as the United States. Sometimes we in the U.S. become concerned about the pain of readjustment that these refugees suffer. Seldom, however, do we worry that they will "go American" in the same sense we worry that Americans may "go native." We assume it's a good thing for anyone to be converted to the culture of America, but it is a devastating thing for someone to lose his Americanism and "go native" in Samoa, Sri Lanka or even Germany. We feel that Americans who stay too long in Japan or Samoa get to thinking that customs and scenery, etc. in those countries are in some ways superior to the United States. For fear our public servants might lose their loyalty to the United States, we have had a policy that any member of the Armed Forces or the State Department must not stay outside the U.S.A. more than five years. If an American has been captive in a foreign country for several years we concern ourselves that he may have "gone native" even though no operant conditioning methods were ever applied to him. We sometimes think the returned prisoner should undergo a course of re-Americanization to wash out the foreign influence. Nevertheless, individuals who have not "gone native" enough to have a variety of cultural interests (some call it a conflict of interests) are less valuable in helping other Americans survive as prisoners or hostages and to derive the maximum benefit from such an experience.

Basic training for possible imprisonment may include the following items:

- (1) Self Discipline, such as indicated in the "CODE OF CONDUCT." The problem with the CODE OF CONDUCT itself is that it makes some American's feel that they are not really trusted to use their personal ingenuity. They are simply supposed to follow the party line and no more. During actual imprisonment, many Americans have shown high ingenuity in devising means of keeping up their own morale and causing subtle problems for the enemy.
- (2) The current international laws governing prisoners, for what they are worth.
- (3) Escape procedures
- (4) The general methods organized captors usually employ with prisoners. In Korea this amounted to setting up a total institution which took pretty complete control of the prisoner's life. The prisoners were evacuated to a great distance from their units. Communication with other Americans was completely controlled. They were prevented (almost) from forming group bonds among themselves. They were given a one-to-one relationship with a mentor or therapist who helped them with their "confessions" or "insights". They were led to dependency and to control of sensory input with deprivation of American comradeship, leadership, religion, food, etc.--just the reverse of combat psychiatry but not unlike chronic hospitalization. Nevertheless, they found some ways of getting around these things.
- (5) How to develop a strong "tribalistic" support system among their comrades and sometimes even among certain of the foreigners.
- (6) Valuable things a person might learn as a prisoner.
Some American officers, in Viet Nam for instance, had been prisoners of the Chinese during the Korean War. They had learned to speak Chinese and more importantly they had a clear understanding of the varied characters, loyalties and customs found in Asia--understanding which is very rare among high ranking foreign service or military officers. Most such knowledge is possessed only by specialists in the lower ranks, by certain immigrants and by academic anthropologists who have little control over the operations of embassies or the military.

Consultation from field-experienced psychiatry may help command and civilian authorities with rescue or repatriation of POW's and hostages. The individual's old unit and working group may no longer be available. American professionals will usually think most about re-attaching him to his family. But long experience as a POW or hostage adds an accessory culture, an additional self, to the individual. He can perceive things differently from the folks back home and may feel unfulfilled at first. To extend the self and at the same time to relieve unexpected stress upon the family, he should be linked as well to a working group of his own profession or trade. Thus he develops as an accepted and influential member of primary self-reliant groups. If he functions well in normal groups, he functions well in the world.

The field-experienced psychiatrist facing the problems of units or persons in combat, terroristic episodes, POW camps or hostage quarters may find inappropriate some current national policies or medical practices. This is not the time to take off secretly on his own and establish radical new practices. Rather it is time to collaborate with other psychiatrists, his command and the theater consultant in developing the best coordinated ways of forging ahead locally and in opening up new knowledge for the medical professions. Thus a maniple of the megaweapon supports itself and eventually can influence the larger weapon and eventually entire policies of the nation.

It would be well if field-experienced mental health personnel could participate directly in setting government policies. But high levels of government do not lack for eagerly presented information: They are inundated with it. It's hard for them to select out what's best. If a particular theater of action demonstrates success with non-traditional approaches, however, it will by that very fact demand recognition.

MP:ls

SUMMARY

Of those individuals who develop psychiatric symptoms in combat 95-98% can return to duty in a few days after traditional combat psychiatry methods; namely, a non-stereotyping diagnosis, management with immediacy, proximity, expectancy and bonding to an active unit. Thus an emotionally autonomous part of the Army maintains its own psychological effectiveness and at the same time prevents chronic fixation of individual symptoms.

Treatment systems in the distant rear--through no fault of their own--tend to detach casualties from any productive group, to promote a period of regression and eventually to reacculturate the patients to other systems of work and life. For POWs and hostages enemy nations may employ what appears to be rear echelon treatment methods in an attempt to obtain regression, loss of commitment to former units or nations and finally to concur in the POW's commitment to the ideals of the captor. Anticipatory training and roleplay in simulated settings may strengthen individuals who are at risk of becoming POWs or hostages.

An enemy may employ terror to obtain tribute, to persuade a people to move out or to convince them they must embrace, say, communism "so all this horror will cease." Such terrorism may make soldiers anxious and in poorly disciplined units it may so degrade the behavior of individuals that they themselves commit atrocities with bland unconcern. Such symptoms developing out of terrorism require not only the traditional combat psychiatry methods for individuals but early consultation with command by the field mental health staffs who follow casualties forward into their units.

Command consultation in Armed Forces civil aid projects can help in the management of members too xenophobic or discourteous to be effective.

To a psychiatrist who has practiced in combat it seems obvious that a psychiatrist who has never been in combat would misinterpret the urgent need of individuals and groups under such stress and would confuse himself with the ambiguity arising from compassion for the individual and loyalty to the organization to which both doctor and patient belong. To a psychiatrist who has never practiced in combat it seems obvious that any psychiatrist who has done well in combat is so warped that he must not be allowed to participate in forming any human policy.

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